

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 76758
START CARD # W 161001

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
Name Port of St. Helens
Address P.O. Box 598
City St. Helens State OR Zip 97051

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 79 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
16"	0	79	cement	0	46	31 sks.
12"	79	159	cement	79	159	70 sks.

How was seal placed: Method A B C D E
 Other Pressure grouted thru 1" & 2" pipe
Backfill placed from 81 ft. to 159 ft. Material Cement
Gravel placed from 46 ft. to 79 ft. Size of gravel 8 x 12

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	+2	51		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	71	79		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)
(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
51	71	40		12"	pipe	<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

<input checked="" type="checkbox"/> Pump Yield gal/min	<input type="checkbox"/> Bailer Drawdown	<input type="checkbox"/> Air Drill stem at	<input type="checkbox"/> Flowing Artesian Time
667.5	11.8 ft.		6 hrs 33 min

Temperature of water 53° Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Columbia Latitude _____ Longitude _____
Township 8N N or S Range 4N E or W. WM.
Section 15W NE 1/4 SW 1/4
Tax Lot N/A Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 81200 Kallunki Rd.
Clatskanie, OR 97016

(10) STATIC WATER LEVEL:
11.5 ft. below land surface. Date 9-13-07
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 26'

From	To	Estimated Flow Rate	SWL
26	72	500	11.5
115	159	5	11.5

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Gray sand	0	12	
Gray-silt-clay-sand	12	26	
Gray-sand-water	26	72	11.5
Gray-silt-clay	72	115	
Gray-fine-sand-silt (little water)	115	159	11.5

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OCT 10 2007 SEP 11 2012
WATER RESOURCES DEPT
SALEM OREGON SALEM, OR

Date started 8-6-07 Completed 9-14-07
(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. Terry Johnson
Signed Terry Johnson WWC Number 1321
Date 10-3-07

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Ron Aspaas WWC Number 1445
Date 10-3-07

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Pump Bailer Air Flowing
 Artesian

Yield gal/min	Drawdown	Drill stem at	Time
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