COLU 53500

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

DRAFT

WELL I.D. # L 72958

START CARD # W 127962

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

(1) LAND OWNER Well Number _____
Name KELLY DEY
Address 704 KING DR.
City RAINIER State OR. Zip 97048

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

(3) DRILL METHOD
☑ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) PROPOSED USE
☑ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☑ No
Depth of Completed Well 197 ft.
Explosives used: ☐ Yes ☑ No Type _____ Amount _____

BORE HOLE Diameter	From	To	SEAL Material	From	To	Sacks or Pounds
10"	0	90	BENTONITE	0	38	15 SACKS
6"	90	197	CEMENT	38	90	14 SACKS

How was seal placed: Method ☐ A ☐ B ☑ C ☐ D ☐ E
☑ Other POUR
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+1.3	90	.250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4.5	77	197		☐	☑	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☑ Outside ☐ None
Final location of shoe(s) 90

(7) PERFORATIONS/SCREENS
☑ Perforations Method DRILL BIT
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
137	194		100	7/16	4.5	☐	☑
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
11	129	192	1 HOUR

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 (legal description)
County COLUMBIA
Tax Lot 00700 Lot _____
Township 7 N Range 4 W WM
Section 15 NE 1/4 SE 1/4
Lat ____° ____' ____" or _____ (degrees or decimal)
Long ____° ____' ____" or _____ (degrees or decimal)
Street Address of Well (or nearest address) CLATSKANIE VALLEY DR.

(10) STATIC WATER LEVEL
63 ft. below land surface. Date 11/3/2007
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 181

From	To	Estimated Flow Rate	SWL
181	184	11	63'

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
CLAY BROWN	0	2	
CLAY SANDY YELLOW BROWN	2	9	
CLAY SANDY BROWN	9	12	
SAND W/CLAY BINDER BROWN	12	67	
SANDSTONE BROWN	67	107	
SANDSTONE GREY	107	152	
SANDSTONE GREENISH GREY	152	169	
CLAYSTONE GREY	169	175	
SANDSTONE BLUISH GREY	175	184	63
SANDSTONE GREY	184	197	

Date Started 11/1/2007 Completed 11/3/2007

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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.

WWC Number _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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.

WWC Number 1624 Date 11/11/2007

Signed _____

RECEIVED
NOV 19 2007
WATER RESOURCES DEPT
SALEM, OREGON

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER 06/16/2004