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531002

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 88685
START CARD # 159614

(1) LAND OWNER Owner Well I.D. _____
First Name David Last Name Rieben
Company _____
Address 12230 Marshland Road
City Clatskanie State OR Zip 97016

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

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 77.67 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	19	Bentonite	0	19	12	S
6	19	80					

How was seal placed: Method A B C D E

Other Poured
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	1.92	73	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 73
Temp casing Yes Dia 10 From 1 To 19

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type Telescoping Material S. Steel

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele pipe size
Screen		6	72.5	77.67	16			

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____
Temperature 52 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County COLUMBI/ Twp 7 N N/S Range 5 W E/W WM
Sec 4 NE 1/4 of the SW 1/4 Tax Lot 01200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

12230 Marshland Road, Clatskanie, Oregon 97016

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)
Existing Well / Predeepening _____
Completed Well 09-05-2008 5.3 12.2
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 20'

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
09-05-2008	20	80	200		12.2

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	1
CLAY GRAY-BROWN	1	10
SILTY SAND BLUE	10	51
SILTY SAND W/WOOD	51	69
SAND GRAY-BLUE MED-FINE	69	80

RECEIVED
SEP 15 2008
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 09-05-2008 Completed 09-05-2008

(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.
License Number _____ Date _____
Password: (if filing electronically) _____
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.
License Number 1646 Date 09-12-2008
Password: (if filing electronically) _____
Signed Chris McGhee
Contact Info (optional) _____