COLU 55680

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

WELL LABEL # L 89000

START CARD # 1049585

(1) LAND OWNER

Owner Well I.D. _____

First Name Katelyn Last Name Taylor

Company _____

Address 15141 Colvin Rd

City Clatskanie State OR Zip 9706

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other _____

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)

Depth of Completed Well 203 ft.

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

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E

[ ] Other _____

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
◉	○	6	[ ]	+2	19		◉	○	X	
○	◉	4 1/2	[ ]	2	203		○	◉		
○	○		[ ]				○	○		
○	○		[ ]				○	○		
○	○		[ ]				○	○		

Shoe [X] Inside [ ] Outside [ ] Other Location of shoe(s) 19

Temp casing [ ] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Scree	Casing /Liner	Screen Dia	From	To	Scrn/slot width	Slot lengt	# of slots	Tele/ pipe
Perf	Liner	4 1/2	183	203	saw cut	saw cut	50	size

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

◉ Pump ○ Bailer ○ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
4	86.1	184	1
4	121.4		2
4	134.8		4

Temperature _____ °F Lab analysis [ ] Yes By _____

Water quality concerns? [ ] Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County COLUMBIA Twp 7 N N/S Range 5 W E/W WM

Sec 1 SW 1/4 of the SW 1/4 Tax Lot ~~0508-27304~~2000

Tax Map Number 0508-27304 Lot _____

Lat 46 ° 06 ' 51.6n " or _____ DMS or DD

Long 123 ° 15 ' 18.1w " or _____ DMS or DD

◉ Street address of well ○ Nearest address

15141 Colvin Rd Clatskanie, OR 9706

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			[ ]	
Completed Well		2	[X]	

Flowing Artesian? [X] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 175

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
			1/4	2psi		

(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown, silted sand and gravel	0	12
Grey, vesicular Basalt	12	30
Grey, basalt, fractured, calcite	30	51
Grey, basalt with red/green vesiculations	51	56
Grey, basalt with calcite	56	63
Grey, basalt	63	71
Grey, red, white, basalt	71	78
Grey, basalt	78	80
Grey, basalt, red vesiculations	80	105
Grey, basalt, calcite	105	121
Red/Brown, basalt, calcite	121	125
Grey, basalt	125	140
Grey, basalt, with red/white	140	177
Vesiculated basalt	177	185
Grey, Basalt	185	203

Date Started 11/16/2020 Completed 11/17/2020

(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.

RECEIVED

License Number _____ Date DEC 14 2020

Password : (if filing electronically) _____

Signed _____

(bonded) Water Well Constructor Certification

OWRD

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 10067 Date 11.19.20

Password : (if filing electronically) _____

Signed _____

Contact Info _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: