

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

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MAY 20 1993

(START CARD) # 13801

(1) OWNER:

Name Jim Powers
Address 72769 Rainier Rd
City Rainier State ORC Zip _____

Well Number: _____

LOCATION OF WELL by legal description:
County Columbia Latitude _____ Longitude _____
Township 7 North Range 3 East W, WM.
Section 34+35 NE & NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(2) TYPE OF WORK:

☐ New Well ☐ Deepen ☐ Recondition ☒ Abandon

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Other _____

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION: was 245

Special Construction approval Yes ☐ No ☒ Depth of Completed Well 0 ft.

Explosives used Yes ☐ No ☒ Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10	0 40	Cement	0 40	40	
6	4 245	grout	40 185		

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other _____

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	0	40		☒	☐	☒	☐
Liner:	Remove				☐	☐	☐	☐

Final location of shoe(s) 40

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Rotary
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
2	40	1/4	480	2		☒	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water _____ 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: _____

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Material	From	To	SWL
Gravel Pack w/ water Master	245	185	
Approval			
Cement grout	185	0	
grout pump			
Casing Perforated	40	2'	

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JUN 11 1993

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 5-16-93 Completed 5-12-93

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed S-H 93 WWC Number _____
Date 5-12-93

(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Don Boff WWC Number 1205
Date 5-14-93