

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

COLU
993

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APR 24 1995

3N/2W/2366
 (START CARD) # W 74005

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

(1) OWNER:

Well Number _____
 Name South County Water District/Dick Recht/Pres.
 Address 1212 Broadway 17th Floor
 City Oakland State Ca. Zip 94612

(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 130 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10±	0	43	Cement	0	43	16
6	43	130				

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	+1'	10"43	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4½	10	130		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 43

(7) PERFORATIONS/SCREENS:

Perforations Method saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
76	129	3/8x6	21			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
33	54	129	1 hr.

Temperature of water 13C 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 3N N or S Range 2W E or W. WM. _____
 Section 23 NW 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address)
Hillcrest Sub Division, Scappose, Oregon

(10) STATIC WATER LEVEL:

75 ft. below land surface. Date 4/13/95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 85

From	To	Estimated Flow Rate	SWL
85	91	15	
91	111	15	
111	130	3	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Clay Brown-Yellow	1	19	
Clay Blue w/siltstone	19	21	
Sandstone & Clay Blue-green	21	42	
Sandstone gray med	42	45	
Shale & Sandstone Blue-w/streaks of green	45	60	
Siltstone Brown Med-soft	60	63	
Siltstone & Sandstone green-blue med-soft	63	73	
Sandstone & Siltstone Blue med-soft	73	85	
Sandstone & Siltstone Blue med	85	130	

Date started 4/12/95 Completed 4/13/95

(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.

Signed Chris R. McEwen WWC Number 1646
 Date 4/20/95

(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 Chris R. McEwen WWC Number 1646
 WWC1224 Date 4/21/95