

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

*Mult
4023*

RECEIVED

FEB 22 1994

3N/1W/36cd

(START CARD) # 60470

WATER RESOURCES DEPT.

(1) OWNER: Well Number 165
 Name Casselmann's Cove Inc.
 Address PO Box 1106
 City Scappoose State OR. Zip 97056

(9) LOCATION OF WELL by legal description:
 County Mult. Latitude _____ Longitude _____
 Township 3 N or S. Range 1 E or W. WM. _____
 Section 36 SE 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 26400 Hwy. 30
Scappoose

(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:
 Special Construction approval Yes No Depth of Completed Well 260 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	19	bentonite	0	19	23
8	19	260				

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: 8	+1	20	1/2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	0	260	1/2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
240	260	1/4/9	50	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
35	90	260	1 hr.

Temperature of Water 59 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:
85 ft. below land surface. Date 2/2/94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 240

From	To	Estimated Flow Rate	SWL
240	260	35	85

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
top soil	0	1	
clay brown	1	10	
rock gray	10	105	
rock gray/brown	105	200	
rock gray	200	250	
rock gray/green	250	250	
rock gray/brown	250	260	85

Date started 1/31/94 Completed 2/2/94

(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.
 WWC Number _____
 Signed _____ Date _____

(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.
 WWC Number 663
 Signed [Signature] Date 2/9/94