

State of Oregon
 WATER WELL REPORT (as required by ORS 537.765)
 WATER RESOURCES DEPT SALEM, OREGON
 Well No. L68302 Page 1 of 1

MAY 10 2004
 State Well ID L68302
 Start Card # 155452

(1) OWNER: Well No. L68302
 Name KELSO WATER ASSOCIATION INC
 Address PO BOX 835
 City BORING St OR Zip 97009

(9) LOCATION OF WELL by legal description:
 County CLAC Lat. " " " Long. " " "
 Township 2 S Range 4 E WM.
 Section 3 SE 1/4 SW 1/4
 Tax Lot 3200 Lot Block Subdivision
 Street Address of Well (or nearest Address)
 NW CORNER KELSO&NICHOLS BORING, OR 97009

(2) TYPE OF WORK: NEW WELL
 (3) DRILL METHOD: ROTARY MUD
 (4) PROPOSED USE: COMMUNITY

(10) STATIC WATER LEVEL:
 N/A ft. below land surface. Date _____
 Artesian pressure _____ lb per square in. Date _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction Approval YES Depth of Compl. Well _____ ft
 Explosives used NO Type _____ Amount _____
 HOLE SEAL
 Diam. From To Material From To Amount
 12 0 420 BENTONITE 0 420 100 SACKS

(11) WATER BEARING ZONES:
 Depth at which water was first found N/A
 From To Est Flow Rate SWL
 400 420 N/A _____

Seal placement method _____
 Backfill: from _____ ft to _____ ft Material _____
 Gravel: from _____ ft to _____ ft Size _____

(12) WELL LOG:
 Material Ground elevation From To SWL
 TOP SOIL 0 2
 STICKY BROWN CLAY 2 18
 YELLOW CLAY 18 65
 CLAY & GRAVEL 65 96
 CLAY & BOULDERS 96 112
 SANDY YELLOW CLAY 112 210
 FINE GRAVEL 210 224
 SANDY BROWN CLAY 224 334
 SANDY BLUE CLAY 234 420
 THIS WELL IS TEMPORARY ABANDONED FOR APPROXIMATELY 6 MONTHS.

 Date started 03/29/04 Completed 04/10/06

(6) CASING/LINER:
 Diam. From To Gauge Material Connection
 casing 12 +1 20 .250 STEEL WELDED

 liner _____

 final Location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perf. Method _____
 Screens Type _____ Material _____
 From To Slot Size Number Diam. Tele/pipe Size Casing/liner

(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 my best knowledge and belief.
 Signed _____ WWC Number _____
 Date _____

(8) WELL TESTS: Minimum testing time is 1 hour
 Test type _____
 Yield GPM Draw-down Drill stem at Time 1 hr.

 Temperature of water _____ Depth Artesian Flow Found _____
 Was water analysis done? NO By whom _____
 Reason for water not suitable for use _____
 Depth of strata _____

(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 *[Signature]* WWC Number 616
 Date 05/09/04