

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 100317

START CARD # 201824

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company HILAND WATER CORP.  
Address 23875 NE DILLON RD/ P.O. BOX 699  
City NEWBERG State OR Zip 97132

(2) TYPE OF WORK  New Well  Deepening  Conversion  
 Alteration (repair/recondition)  Abandonment

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
Depth of Completed Well 440 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	50	CEMENT/BENT	0	50	18	S
10	50	348		50	348	24	S
8	348	440					

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	348	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/S	Casing/	Screen	Screen/	Slot	Slot	# of	Tele/	
creen	Liner	Dia	From	To	width	length	slots	pipe 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)
400		420	1
370-400		300	.5
260		250	.5

Temperature 58 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAM Twp 2 S N/S Range 1 E E/W WM  
Sec 21 NE 1/4 of the SW 1/4 Tax Lot 3300  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

CTR. SW CRESCENT DR, WEST LINN, OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	SWL(ft)
Completed Well	09-10-2009		118

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 21/350'

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
07-20-2009	24	210	15		110
08-26-2009	210	340	60		117
09-10-2009	350	410	150		118
09-10-2009	410	440	400		118

(11) WELL LOG Ground Elevation 175'

Material	From	To
BROWN SILT/FINE SAND	0	16
BROWN SILTY CLAY	16	24
BROWN BASALT WEATHERED, BROKEN	24	30
BROWN BASALT, OCC INTERBEDS	30	130
GRAY-BROWN BASALT, OCC BROWN,	130	
RED-BROWN		180
GRAY-BLACK BASALT HARD	180	190
GRAY-BROWN BASALT, OCC BROWN BRKN	190	280
GRAY-BROWN BASALT, VERY BROKEN	280	
CAVING		290
GRAY-BLACK BASALT, HARD OCC FRACT.	290	330
GRAY-BLCK/GRAY-BRWN BASALT STREAKS	330	370
GRAY-BLACK BASALT, HARD OCC	370	
LAVA STREAKS		390
GRAY/GRAY-BROWN BASALT, BROKEN	390	410
GRAY BLACK BASALT	410	420
GRAY-BROWN BASALT, BROKEN	420	440

Date Started 07-14-2009 Completed 09-14-2009

(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.

License Number \_\_\_\_\_ Date \_\_\_\_\_  
Password: (if filing electronically) \_\_\_\_\_  
Signed \_\_\_\_\_

(bonded) Water Well Constructor Certification

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 573 Date 9/18/2009  
Password: (if filing electronically) \_\_\_\_\_  
Signed \_\_\_\_\_  
Contact Info (optional) \_\_\_\_\_

RECEIVED  
SEP 21 2009