

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 100317
 START CARD # 205210

(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 Welder

(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 _____ ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	

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 No Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	1.5	3	250	<input checked="" type="checkbox"/>	<input 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"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes No Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ 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)

Temperature _____ °F Lab analysis Yes No 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 Drive., West Linn, OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+	SWL (ft)
<input checked="" type="checkbox"/> Completed Well				

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
ALTERATION:		
Removed Existing 8" Casing w/Pitless Unit	1.5	3
Seal Removed	0	3
8" x 10" (1/2") Steel Plate Reducer Ring @ 3 ft.		
Installed 10" .250 Wall Casing w/Pitless Unit @ 3 ft.		
Welded to Reducer Ring, Which was Welded to Existing Casing @ 3 ft.		

RECEIVED

FEB 01 2010

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 01-27-2010 Completed 01-27-2010

(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 01-28-2010
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) _____