

STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L 100764

START CARD # 201154

(1) LAND OWNER Owner Well I.D. Camp Rilea #2

First Name Last Name Company Oregon Military Department Address 91204 Rilea Oregon Road City Warrenton State OR Zip 97146

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

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

(4) PROPOSED USE [ ] Domestic [ ] Irrigation [ ] Community [ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering [ ] Thermal [ ] Injection [X] Other WTP - Water Treatment Plant

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy) Depth of Completed Well 157 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, sacks/lbs. Row 1: 20, 0, 19, Cement, 0, 19, 31, S

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E

Backfill placed from 157 ft. to 159 ft. Material pea gravel Filter pack from 116 ft. to 157 ft. Material CSSI Size 16x30

Explosives used: [ ] Yes Type Amount

(6) CASING/LINER

Table with columns: Casing Liner Dia, From, To, Gauge, Stil, Plstc, Wld, Thrd. Row 1: 16, 2.4, 126, .375, [X]

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 159\*

Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method Screens Type v-wire wrap Material 304SS

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size. Row 1: Screen, 10, 132, 147, .02, PS

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

[X] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian Yield gal/min 142 Drawdown 32 Drill stem/Pump depth 24 Duration (hr) 24

Temperature 58 °F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below)

Table with columns: From, To, Description. Row 1: [ ], [ ], [ ]

(9) LOCATION OF WELL (legal description)

County CLATSOP Twp 7 N N/S Range 10 W E/W WM Sec 5 NE 1/4 of the NE 1/4 Tax Lot 2700

Tax Map Number Lot

Lat " or DMS or DD

Long " or DMS or DD

[X] Street address of well [ ] Nearest address

Owner's

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Row 1: 04-11-2011, 50

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 04-11-2011, SWL, 147, see CF, 50

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Rows include Sand, brown, medium-fine; Sand, grey & brown, fine; Sand, brown, fine-medium w/shells; Silt, black, firm; Sand, brown, fine-medium w/shells; Sand, black, fine-medium w/shells; Shells w/sand, grey, fine; Sand, grey, fine w/some shells & mica; Sand, grey, fine w/shells, some gravel, 1/2"- & clay, grey, hard; Clay, grey, soft-medium & wood & gravel, 1"; Clay, grey, soft-medium & wood; Clay, brown & grey, soft, sandy; \*shoe with remnant casing

Date Started 01-14-2011 Completed 04-11-2011

(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 1367 Date 04-14-2011

Password: (if filing electronically)

Signed [Signature]

(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 649 Date 04-14-2011

Password: (if filing electronically)

Signed [Signature]

Contact Info (optional)

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APR 8 2011

STATE OF OREGON

**WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 100764

START CARD # 201154

**(1) LAND OWNER** Owner Well I.D. Camp Rilea #2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company Oregon Military Department  
 Address 91204 Rilea Oregon Road  
 City Warrenton State OR Zip 97146

**(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 WTP

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)  
 Depth of Completed Well 157 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	
20	0	19	Cement	0	19	31	S
16	19	159					

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_

Backfill placed from 157 ft. to 159 ft. Material pea gravel  
 Filter pack from 116 ft. to 157 ft. Material CSSI Size 16x30

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"/>	16		2.4	126	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10		2.9	132	.365	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10		147	157	.365	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) 159\*

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perforations Method \_\_\_\_\_  
 Screens Type v-wire wrap Material 304SS

Perf/S	Casing/Screen	Screen	Liner	Dia	From	To	Scrns/slot	Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	pipe size		
		10	132	147	.02					PS

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
142	32		24

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 CLATSOP Twp 7 N N/S Range 10 W E/W WM  
 Sec 5 NE 1/4 of the NE 1/4 Tax Lot 2700  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

Owner's \_\_\_\_\_

**(10) STATIC WATER LEVEL**

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	04-11-2011		50

Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES**

Depth water was first found \_\_\_\_\_

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
04-11-2011	SWL	147	see (8)		50

**(11) WELL LOG**

Ground Elevation \_\_\_\_\_

Material	From	To
Sand, brown, medium-fine	0	18
Sand, grey & brown, fine	18	92
Sand, brown, fine-medium w/shells	92	98
Silt, black, firm	98	100
Sand, brown, fine-medium w/shells	100	102
Sand, black, fine-medium w/shells	102	108
Shells w/sand, grey, fine	108	111
Sand, grey, fine w/some shells & mica	111	147
Sand, grey, fine w/shells, some gravel, 1/2"- & clay, grey, hard	147	149
Clay, grey, soft-medium & wood & gravel, 1"	149	152
Clay, grey, soft-medium & wood	152	156
Clay, brown & grey, soft, sandy	156	159
*shoe with remnant casing	153	159

Date Started 01-14-2011 Completed 04-11-2011

**(unbonded) Water Well Constructor Certification**

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License Number 1367 Date 04-14-2011

Password: (if filing electronically) \_\_\_\_\_

Signed \_\_\_\_\_

**(bonded) Water Well Constructor Certification**

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License Number 649 Date 04-14-2011

Password: (if filing electronically) \_\_\_\_\_

Signed Stephen A. Schmidt

Contact Info (optional) \_\_\_\_\_

**RECEIVED**

APR 18 2011