

Amend \*

WELL I.D. # L 0732+ 56738  
 START CARD # 98705

Colu  
52048

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

Instructions for completing this report are on the last page of this form.

(1) **LAND OWNER** Well Number 2  
 Name Columbia Hills Development  
 Address 100 E 3rd Ave #210  
 City San Mateo State CA Zip 94401

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

(3) **DRILL METHOD:**  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other \_\_\_\_\_

(4) **PROPOSED USE:**  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other \_\_\_\_\_

(5) **BORE HOLE CONSTRUCTION:**  
 Special Construction approval  Yes  No Depth of Completed Well 300 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	18	Bent	0	18	Bent (10 sacks)
8"	18	170	Cement	16	170	3 Sacks
6"	170	300				

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: 6"	1	170	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4.5"	150	300		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) 170

(7) **PERFORATIONS/SCREENS:**  
 Perforations Method Drill Hole  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
220	280	1/2"	20ft			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) **WELL TESTS:** Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min 50 Drawdown \_\_\_\_\_ Drill stem at \_\_\_\_\_ Time 1 hr.

Temperature of water 57.0 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: \_\_\_\_\_

(9) **LOCATION OF WELL by legal description:**  
 County Columbia Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 3N N or S Range 2W E or W. WM.  
 Section 22 SW 1/4 NE 1/4  
 Tax Lot 500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) End Callahan Rd  
Scuff Pass: CC

(10) **STATIC WATER LEVEL:**  
120 ft. below land surface. Date 2/12/97  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) **WATER BEARING ZONES:**  
 Depth at which water was first found 280

From	To	Estimated Flow Rate	SWL
280	300	50 gpm	120

(12) **WELL LOG:**  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Brown Clay	0	30	
Tan Soft Sandstone	30	120	120
Tan Claystone	120	160	
Blue Sandstone	160	300	

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 APR 22 2002 APR 30 2002  
 WATER RESOURCES DEPT. WATER RESOURCES DEPT.  
 SALEM, OREGON SALEM, OREGON

Date started 2/5/97 Completed 2/12/97

(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 the best of my knowledge and belief.  
 Signed \_\_\_\_\_ WWC Number \_\_\_\_\_ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.  
 Signed AMC/Mud WWC Number 1480 Date 2/12/97

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 03321  
START CARD # 98705

Instructions for completing this report are on the last page of this form.

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City San Mateo State CA Zip 94401

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 Other \_\_\_\_\_

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 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: 6"	170	250	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4.5"	150	300		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) 170

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Section 22 SW 1/4 NE 1/4  
Tax Lot 500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Ind Callahan Rd  
Scappoose, OR

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120 ft. below land surface. Date 2/12/97  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
Depth at which water was first found 280

From	To	Estimated Flow Rate	SWL
280	300	50 gpm	120

**(12) WELL LOG:**  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Brown Clay	0	80	
Tan Soft Sandstone	80	120	120
Tan Claystone	120	160	
Blue Sandstone	160	300	

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APR 22 2002

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 2/5/97 Completed 2/12/97

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WVC 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 water supply well construction standards. This report is true to the best of my knowledge and belief.  
WVC Number 1480  
Signed AMC Date 2/12/97