

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

WELL I.D. # L 03338
 START CARD # 98707

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

(1) **LAND OWNER** Well Number _____
 Name Columbia Hills Development Co.
 Address 60 E 3rd Ave
 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 320 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	18	Bentonite	0	18	12 Sacks	
8"	18	80	Cement	0	80	4 Sacks	
6"	80	320					

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	180	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4.5"	5	320		<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) 320

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
310	290	1/2"	20ft			<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	180	1/2"	20ft			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing <input type="checkbox"/> Artesian Time
<u>55</u>		<u>320</u>	<u>1 hr.</u>

Temperature of water 52° 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) near end Callahan Rd
Scappoose, OR

(10) **STATIC WATER LEVEL:**
145 ft. below land surface. Date 3-10-97
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 180

From	To	Estimated Flow Rate	SWL
<u>180</u>	<u>320</u>	<u>55 gpm</u>	<u>145</u>

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
<u>Clay</u>	<u>0</u>	<u>75</u>	
<u>Sandstone Blue</u>	<u>75</u>	<u>320</u>	<u>145</u>

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APR 22 2002
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 3/4/97 Completed 3/10/97
 (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.
 WWC 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.
 WWC Number 1480
 Signed AMC Date 3/10/97