

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

Colu
52468

WELL I.D. # 63111
START CARD # 155847

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

(1) OWNER: Well Number _____
Name PG&E Trojan Nuclear Plant
Address 121 SW Salmon ST
City Portland State OR Zip 97204

(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 200 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	20	cement	0	20	9 Bags
10	20	115	cement	20	115	22 Bags
8	115	200				

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: 8	+1	115	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	-15	200	200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 115

(7) PERFORATIONS/SCREENS:

Perforations Method slotted
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
180	160	1/4x6	2 per FT	6	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140	120	1/4x6	2 per FT	6	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	80	1/4x6	2 per FT	6	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100		200	1 hr.

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 Col Latitude _____ Longitude _____
Township 2N N or S Range 2W E or W. WM. _____
Section 35 NW 1/4 NW 1/4 _____
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 71760 Col. Riv Hwy
Rainier OR

(10) STATIC WATER LEVEL:
9 ft. below land surface. Date 3 Dec 03
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 5 FT

From	To	Estimated Flow Rate	SWL
<u>5</u>	<u>110</u>	<u>5 gpm</u>	<u>5</u>
<u>115</u>	<u>200</u>	<u>100 gpm</u>	<u>9</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Fill gravel Boulders</u>	<u>0</u>	<u>4</u>	
<u>Silty clay gravel Blue</u>	<u>4</u>	<u>110</u>	<u>9</u>
<u>Basalt Blue</u>	<u>110</u>	<u>180</u>	
<u>Basalt blue w/ red sandstone</u>	<u>180</u>	<u>200</u>	

Date started 3 Dec 03 Completed 11 Dec 03

(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 Jim Nelson WWC Number 1823 Date 20 Dec

(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 A. Miller WWC Number 1480 Date 20 Dec 03