

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

WELL LABEL # L 88237

START CARD # 192166

(1) LAND OWNER Owner Well I.D. _____

First Name _____ Last Name _____
 Company WARREN WATER ASSOCIATION
 Address PO BOX 1014
 City SAINT HELENS State OR Zip 97051

(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 _____

(5) BORE HOLE CONSTRUCTION Special Standard [Attach copy]
 Depth of Completed Well 575 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amt	sacks/ lbs
16	0	54	Cement	0	60	40	S
14	54	118	Cement	60	118	41	S
10	118	241	Cement	118	241	19	S
8	241	575					

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 Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Plato	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	1	118	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	18"	241	.250	<input checked="" type="checkbox"/>	<input checked="" 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 Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____ Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scm/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)
120		575	1
90		425	.3
50		285	.3

Temperature 54 °F Lab analysis Yes By AMJ

Water quality concerns? Yes (describe below)

From	To	Description	Flow rate	Units
180	210	Low Yield	30	gpm

(9) LOCATION OF WELL (legal description)

County COLUMBIA Twp 4 N N/S Range 2 W E/W WM
 Sec 26 SE 1/4 of the NW 1/4 Tax Lot 2101
 Tax Map Number _____ Lot _____
 Lat _____ ° 0 ' _____ " or _____ DMS or DD
 Long _____ ° 0 ' _____ " or _____ DMS or DD
 Street address of well Nearest address
 32679 OESTER RD

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	05-25-2007		104

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 431

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
05-23-2007	431	450	36		104
05-23-2007	494	501	84		104

(11) WELL LOG

Material	From	To	Ground Elevation
TOP SOIL	0		
SOFT GRAY-GRAY BROWN CLAY-CAVING	2	99	
CEMENTED GRAVELS	99	127	
GRAY BROWN & BROWN BASALT FRACT	127	180	
BROWN-GRAY BROWN WEATHERED BASALT	180	216	
GRAY BROWN BASALT	216	233	
HARD GRAY BASALT	233	291	
GRAY BROWN BASALT	291	301	
GRAY-GRAY BLACK BASALT	301	357	
GRAY-GRAY BROWN BASALT	357	360	
GRAY-GRAY BLACK BASALT	360	431	
BROWN SANDSTONE	431	471	
GRAY CLAYSTONE	471	487	
BROWN CLAYSTONE	487	494	
GRAY BROWN BASALT	494	501	
HARD GRAY BLACK BASALT	501	556	
HARD GRAY BASALT	556	575	

Date Started 04-25-2007 Completed 05-25-2007

(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 1492 Date 6-7-07

Password: (if filing electronically) _____

Signed *Mike Busby*

(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 1266 Date June 7, 2007

Password: (if filing electronically) _____

Signed *[Signature]*

Contact Info (optional) _____

