

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

WELL LABEL # L                       
 START CARD # 193518

*Previously # 47031*

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

First Name                      Last Name                       
 Company Warren Water Association  
 Address P.O. Box 1014  
 City St. 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 0 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
8	0	575	Cement	1	400	152	S

How was seal placed: Method  A  B  C  D  E  
 Other  
 Backfill placed from 400 ft. to 575 ft. Material Gravel  
 Filter pack from   ft. to   ft. Material   Size    
 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"/>	8		1	155	250	<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"/>	<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 Driven down  
 Screens Type   Material steel

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Perf	Casing	Dia	From	To	width	length	slots	pipe size	
		8	0	155	1/2 x 2			1,550	

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

Pump  Bailer  Air  Flowing Artesian

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

Temperature   °F Lab analysis  Yes By    
 Water quality concerns?  Yes (describe below)  

From	To	Description	Amount	Units

**(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 010-2101  
 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**

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening	<span style="border: 1px solid black; padding: 2px;">05-30-2007</span>			<span style="border: 1px solid black; padding: 2px;">105</span>
Completed Well				

Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES** Depth water was first found  

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

**(11) WELL LOG** Ground Elevation  

Material	From	To
Lower water bearing zones back filled with clean gravel	<span style="border: 1px solid black; padding: 2px;">575</span>	<span style="border: 1px solid black; padding: 2px;">400</span>
Casing thoroughly perforated from 0 to 155 ft.		
Remaining bore then filled with cement grout	<span style="border: 1px solid black; padding: 2px;">400</span>	<span style="border: 1px solid black; padding: 2px;">0</span>

RECEIVED

JUN 06 2007

WATER RESOURCES DEPT  
 SALEM, OREGON

Date Started 05-29-2007 Completed 05-30-2007

**(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   Date    
 Password: (if filing electronically)    
 Signed  

**(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 05-31-2007  
 Password: (if filing electronically)    
 Signed    
 Contact Info (optional)