

Amendment

COLU 53430

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

WELL LABEL # L 72499

START CARD # 188446

(1) LAND OWNER

Owner Well I.D. Blaha #2

First Name Last Name
Company McNulty Water People's Utility District
Address PO Box 676
City Scappoose State OR Zip 97056

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion
[] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD

[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [X] Other Reverse Circulation

(4) PROPOSED USE [] Domestic [] Irrigation [X] Community

[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] Attach copy

Depth of Completed Well 399.5 ft

BORE HOLE

SEAL

sacks/

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Includes handwritten entries for 16, 12, 105, 399.5, Bentonite, Cement.

Handwritten note: 10/9/07

How was seal placed Method [] A [] B [X] C [] D [] E

[X] Other bent poured & probed

Backfill placed from ft to ft Material

Filter pack from ft to ft Material Size

Explosives used [] Yes Type Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stil, Plstc, Wld, Thrd. Includes handwritten entries for 12, 10, 2, 105, 375, 95.5, 399.5, 250.

Shoe [] Inside [] Outside [] Other Location of shoe(s)

Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method factory mill cut

Screens Type Material

Perf/ Casing/ Screen Screen Liner Dia From To Scm/slot width Slot length # of slots Tel/ pipe size

Table with columns: Perf, Liner, Dia, From, To, Scm/slot width, Slot length, # of slots, Tel/ pipe size.

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

[X] Pump [] Bailer [] Air [] Flowing Artesian

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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes handwritten entry: 415, 111, 24.

Temperature 55 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below)

From To Description Amount Units

Table with columns: From, To, Description, Amount, Units. Includes handwritten entry: JUN 22 2007.

(9) LOCATION OF WELL (legal description)

County COLUMBIA Twp 4 N N/S Range 2 W F/W WM

Sec 12 SW 1/4 of the SE 1/4 Tax Lot 2300

Tax Map Number 4 2 12 Lot

Lat ° 0 ' " or DMS or DD

Long ° 0 ' " or DMS or DD

[X] Street address of well [] Nearest address

None assigned. Blaha Road, Warren, OR

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL(psi), SWL(ft). Includes handwritten entry: 05-29-2007, 254.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found

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

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Includes handwritten entry: 05-29-2007, 301, 396, 254.

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Lists various geological layers like Gravel, Clay, Basalt, etc.

Date Started 03-29-2007

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.

License Number 1860

Date 06-21-2007

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.

License Number 649

Date 06-21-2007

Password: (if filing electronically)

Signed

Contact Info (optional)

RECEIVED

JUN 22 2007

RECEIVED

WATER RESOURCES DEPT

SALEM, OREGON

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version 0 88

WATER RESOURCES DEPT
SALEM OREGON

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

WELL LABEL # L 72499

START CARD # 188446

(1) LAND OWNER Owner Well I.D. Blaha #2

First Name _____ Last Name _____
Company McNulty Water People's Utility District
Address PO Box 676
City Scappoose State OR Zip 97056

(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 Reverse Circulation

(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 399.5 ft.

BORE HOLE			SEAL				sacks/ lbs
Dia	From	To	Material	From	To	Amt	
16	0	105	Bentonite	0	18	20	S
			Cement	18	105	40	S

How was seal placed: Method A B C D E
 Other bent poured & probed
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	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		2	105	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10		95.5	399.5	.250	<input checked="" type="checkbox"/>	<input 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"/>

Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method factory mill cut
Screens Type _____ Material _____

Perf/	Casing/	Screen	Scrn/slot	Slot	# of	Tele/	
Liner	Dia	From	To	width	length	slots	pipe size
Perf	Liner	298	399	.188	2.5	3,800	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
415	111		24

Temperature 55 °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 12 SW 1/4 of the SE 1/4 Tax Lot 2300
Tax Map Number 4 2 12 Lot _____
Lat _____ ° 0 ' " or _____ DMS or DD
Long _____ ° 0 ' " or _____ DMS or DD
 Street address of well Nearest address

None assigned. Blaha Road, Warren, OR

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening	Date	SWL(psi)	SWL(ft)
Completed Well	05-29-2007		254

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
05-29-2007	301	396			254

(11) WELL LOG Ground Elevation _____

Material	From	To
Gravel, 6"-	0	1
Clay, tan, firm	1	10
Clay, reddish brown, firm	10	21
Clay, red, soft	21	31
Claystone, tan, medium-soft	31	41
Claystone, reddish brown, medium	41	73
Claystone, brown w/red, medium	73	77
Claystone, brown, sandy, hard	77	89
Basalt, grey & brown, medium-hard	89	103
Basalt, brown, medium, fractured	103	120
Basalt, grey & brown, medium-hard, fractured	120	144
Basalt, grey & brown, w/pumice, medium, v. fract.	144	157
Basalt, brown & grey, medium-hard, fractured	157	172
Basalt, grey-brown-green, medium, fract. & broken	172	184
Basalt, grey-brown-yellow, medium, fractured,	184	
vesicular w/claystone, white		225
Basalt, grey & brown w/green, medium, fractured	225	238
Basalt, grey & black, medium-hard, some fractures	238	295
Basalt, grey, medium-hard, some fractures	295	301

Date Started 03-29-2007 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 1860 Date 06-21-2007
Password: (if filing electronically) _____
Signed *Sam J. [Signature]*

(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 649 Date 06-21-2007
Password: (if filing electronically) _____
Signed *Stephen J. [Signature]*
Contact Info (optional) _____

RECEIVED

JUN 22 2007

WATER RESOURCES DEPT

SALEM OREGON ORIGINAL - WATER RESOURCES DEPARTMENT

