

COLU 53503

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

Colu
53503

WELL I.D. # L 90192
START CARD # 184135

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

(1) LAND OWNER Well Number 1
 Name **COLUMBIA HILLS DEVELOPMENT**
 Address **PO BOX 80291**
 City **PORTLAND** State **OR** Zip **97280**

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 400 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
10	0	20	BENTONITE	0	20	7 SACKS
8	20	200	CEMENT	20	200	17 SACKS
6	200	400				

How was seal placed: Method A B C D E
 Other **POUR**
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing: 6"	+1	200	250		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	180	400	200		<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) 200

(7) PERFORATIONS/SCREENS
 Perforations Method **CUT SLOT**
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
360	400	1/4X6	1PFT	4"		<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
50		400	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 (legal description)
 County **COLUMBIA**
 Tax Lot **02200** Lot _____
 Township **3** N Range **2** W WM
 Section **22** SW 1/4 NW 1/4

Lat _____ ° _____ ' _____ " or _____ (degrees or decimal)
 Long _____ ° _____ ' _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) **WEST SIDE OFF OF CALLAHAN ROAD LOT #1, SCAPPOOSE, OR 97056**

(10) STATIC WATER LEVEL
200 ft. below land surface. Date **3/2/2006**
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 350

From	To	Estimated Flow Rate	SWL
350	400	50 GPM	200

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
CLAY - TAN	0	185	
BASALT - BLACK	185	300	
BASALT W/SANSTONE SEAMS	300	400	350

RECEIVED RECEIVED
 NOV 30 2007 AUG 11 2008
 WATER RESOURCES DEPT WATER RESOURCES DEPT
 SALEM, OREGON SALEM, OREGON

Date Started 2/15/2006 Completed 2/20/2006

(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.

WWC Number _____ Date _____
 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.

WWC Number 1480 Date 3/2/2006
 Signed AMM