

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 85835

START CARD # 189290

(1) LAND OWNER Owner Well I.D. _____
 First Name IAN Last Name CRAPE
 Company _____
 Address 74387 ELK CREEK RD
 City RAINIER State OR Zip 97048

(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 265 ft.

BORE HOLE			SEAL		Amt	lbs
Dia	From	To	From	To		
10	0	39	Bentonite Chips	0	39	16 S
6	39	265				

How was seal placed: Method A B C D E
 Other pour
 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"/>	6		1	39	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	4		3	260	160	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 39
 Temp casing Yes Dia 10 From 0 To 3

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

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scr/m slot width	Slot length	# of slots	Tele/pipe size
			220	260	.25	6	60	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
 10 _____ 260 1
 Temperature 52 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
 County COLUMBI/ Twp 7 N N/S Range 3 W E/W WM
 Sec 22 NW 1/4 of the SE 1/4 Tax Lot 501
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

NEXT TO 74387 ELK CREEK RD

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	01-12-2007		180

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
	220	245	10		180

(11) WELL LOG Ground Elevation _____

Material	From	To
tan clay	0	33
gray sandstone	33	105
gray sandstone w/basalt seams	105	265

FEB 18 2010

Date Started 01-09-2007 Completed 01-12-2007

(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 1480 Date 01-13-2007
 Password: (if filing electronically) *****
 Signed _____
 Contact Info (optional) _____