

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

WELL LABEL # L 102194

START CARD # 1013743

(1) LAND OWNER Owner Well I.D. 5134

First Name _____ Last Name _____
Company Quincy Water Association
Address P.O. Box 975
City Clatskanie State OR Zip 97016

(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 460 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	136	Cement	0	136	55	S
8	136	460					

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	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	8	2	136	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6	136	460	250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia 12 From 0 To 120

(7) PERFORATIONS/SCREENS

Perforations Method Factory cut
Screens Type _____ Material _____

Perf	Casing/Screen	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Perf	Liner	6	170	450	.19	3	1,867	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
30	28		2
40	38		2
60	72		33

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 8 N N/S Range 4 W E/W WM
Sec 35 SE 1/4 of the NE 1/4 Tax Lot 400
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

Across from 78660 Stewart Creek Rd., Clatskanie, OR 97016

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	SWL(ft)
Completed Well	06-30-2011		133

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 78

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
6-22-11	78	122	7		69
06-30-2011	180	185	12		133
06-30-2011	210	280	60		133
07-12-2011			100		133

(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown clay & boulders & cobbles	0	40
Brown sandy clay w/some rocks	40	94
Grey sandstone	94	121
Lt. brown sandstone	121	127
Dark grey sandstone	127	211
Broken black basalt	211	221
Black basalt	221	280
Broken black basalt	280	320
Dark grey sandstone	320	330
Black basalt w/seams of sandstone	330	360
Black basalt	360	365
Red cinders w/some black basalt	365	375
Black basalt (seamy)	375	410
Broken black basalt	410	412
Black basalt (seamy)	412	460

JONES DRILLING CO., INC.
29400 SANTIAM HWY., LEBANON, OR 97355
1-800-915-8388

Date Started 06-20-2011 Completed 06-30-2011

(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 1411 Date 07-18-2011
Password: (if filing electronically)
Signed *[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 1684 Date 07-18-2011
Password: (if filing electronically)
Signed *[Signature]*
Contact Info (optional) jonesdrilling@hotmail.com

RECEIVED
JUL 20 2011
WATER RESOURCES DEPT
STATE OF OREGON