## **COLU 54474**

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

| WELL LABEL # L | 108506 |  |
|----------------|--------|--|
| START CARD#    | 207877 |  |

| (1) LAND OWNER Owner Well I.D.  | (0) LOCATION OF WELL (local description)  |
|---|---|
| First Name Last Name  | (9) LOCATION OF WELL (legal description)  |
| Company DEER ISLAND WATER WORKS LLC   | County         COLUMBI/         Twp 5         N         N/S         Range 1         W         E/W WM           Sec 8         NW         1/4 of the SW         1/4         Tax Lot 01001 |
| Address P.O. BOX 665  | Tax Map Number Lot  |
| City SCAPPOOSE State OR Zip 97056   | Lat ° ' "or DMS or DD   |
| (2) TYPE OF WORK New Well Deepening Conversion  | Long or DMS or DD   |
| X Alteration (repair/recondition) Abandonment   | Street address of well Nearest address  |
|   | 64475 OLD COLUMBIA RIVER HWY.   |
| Rotary Air Rotary Mud Cable Auger Cable Mud   |   |
| Reverse Rotary Other  | (10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)   |
|   | Date SWL(psi) + SWL(ft)  Existing Well / Predeepening   |
| (4) PROPOSED USE Domestic Irrigation Community  | Completed Well 01-24-2012 45  |
| Industrial/ Commercial Livestock Dewatering   | Flowing Artesian? Dry Hole?   |
| Thermal Injection Other   | WATER BEARING ZONES Depth water was first found   |
| (5) BORE HOLE CONSTRUCTION Special Standard Attach copy)  | SWL Date From To Est Flow SWL(psi) + SWL(ft)  |
| Depth of Completed Well 80 ft.  BORE HOLE SEAL sacks/   |   |
| Dia From To Material From To Amt lbs  |   |
| 10 0 7 Cement 0 7 6 S   |   |
|   |   |
|   | (11) WELL'LOG Ground Elevation  |
| How was seal placed: Method A B XC D E  | Material From To  |
| Other   |   |
| Backfill placed fromft. toft. Material  | SOIL AROUND OLD CASING EXCAVATED  |
| Filter pack from ft. to ft. Material Size   | CUT OFF 7 FT. OF OLD CASING & REMOVED  NEW 6" STEEL CASING ADDED TO EXISTING  |
| Explosives used: Yes Type Amount  | ANNULAR SEAL REPLACED WITH CEMENT   |
| (6) CASING/LINER  | GROUT FROM 7 FT. TO SURFACE 7 0   |
| Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd   |   |
| $ \bigcirc \bigcirc$ |   |
|   | RECEIVED  |
|   |   |
|   | JAN 3 1 2012  |
| Shoe Inside Outside Other Location of shoe(s)   | WATER WATER DEED DENT   |
| Temp casing Yes Dia From To   | WATER HESOURCES DEPT  |
| (7) PERFORATIONS/SCREENS  | SALEM, OREGON   |
| Perforations Method   |   |
| Screens Type Material   |   |
| Perf/S Casing/Screen Scrn/slot Slot # of Tele/  | Date Started 01-24-2012 Completed 01-24-2012  |
| creen Liner Dia From To width length slots pipe size  |   |
|   | (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.  |
| (8) WELL TESTS: Minimum testing time is 1 hour  | License Number Date   |
| Pump Bailer Air Flowing Artesian  | Password : (if filing electronically) Signed  |
| Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  | (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  |
| Temperature °F Lab analysis Yes By  | performed during this time is in compliance with Oregon water supply well   |
| Water quality concerns? Yes (describe below)  | construction standards. This report is true to the best of my knowledge and belief.   |
| From To Description Amount Units  | License Number 1266 Date 01-25-2012   |
|   | Signed  |
|   | License Number 1266 Date 01-25-2012 Password : (if filing electronically) Signed Contact Info (aptional)  |