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

WELL I.D. # L 37514
START CARD # 118191

WATER RESOURCES DEPT.
SALEM, OREGON

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

(1) OWNER: Well Number _____
Name SUPERIOR LUMBER
Address 2695 GLENDALE VALLEY RD 97442
City GLENDALE State OR Zip 97544

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 240 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	25	BENTONIT	0	25	13 SACKS
6"	25	240				

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

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 6"	+2	38	0.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	240	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 38'

(7) PERFORATIONS/SCREENS:
 Perforations Method SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
230	240	6	33	1/4		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
12		239	XX 1 hr.

Pump Bailer Air Artesian

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 by legal description:
County DOUGLAS Latitude _____ Longitude _____
Township 32S N or S Range 6W E or W. WM.
Section 33 NE 1/4 SW 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME
PLYWOOD MILL)

(10) STATIC WATER LEVEL:
_____ 25 ft. below land surface. Date 12/20/99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 160

From	To	Estimated Flow Rate	SWL
160	240		25

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
BWN CLAY	0	18	
RK BWN, WHT SOFT	18	60	25
RK GREEN, WHT SOFT	60	240	25

Date started 12-20-99 Completed 12-20-99

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.

Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.

COLEMAN'S WELL DRILLING CO WWC Number 1324
Signed James Subletta Date 12/24/99