



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

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

HARN
51209

WELL I.D. # L 57440
START CARD # 131849

(1) LAND OWNER

Name Bowyer-Peel Manufacturing Well Number _____
Address Pm 13 1701 Broadway
City Vancouver State Wa. Zip 98665

(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 442 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
4"	0	106	Bentonite	0	106	T 36
16"	106	412				

How was seal placed: Method A B C D E
 Other Placed

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	16"	41	348	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 348'

(7) PERFORATIONS/SCREENS:

From		To		Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
Perforations	Method	Screens	Type						
								<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time	Flowing	
				Pump	Artesian
1020	2'	78'	1 hr.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<u>6 hrs</u>

Temperature of water 56' 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: 10'

(9) LOCATION OF WELL by legal description:

County Washou Latitude _____ Longitude _____
Township 26 N or S Range 33 E or W. WM.
Section 35 NE 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 1 mile west on Tana Bed Rd. 7/8 mile north

(10) STATIC WATER LEVEL: Princeton, Or.
10 ft. below land surface. Date 8-1-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 13'

From	To	Estimated Flow Rate	SWL
13'	14'	20	10
106	107	20	10
390	412	1020	10

(12) WELL LOG:

Ground Elevation 4200

Material	From	To	SWL
top soil	0	3'	
Brown clay	3'	13'	10
gray clay	13	100'	
rock	100	106	10
gray clay	106	348	10
rock	348	412	10

RECEIVED SEP 20 2005 WATER RESOURCES DEPT SALEM, OREGON	RECEIVED OCT 25 2005 WATER RESOURCES DEPT SALEM, OREGON
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Date started 7-5-05 Completed 8-16-05

(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.
WWC Number _____
Signed _____ 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.
WWC Number 1752
Signed Kenneth E Smith Date 9-14-05