

WATER SUPPLY WELL REPORT

MULT 58203

Received Date **06/18/1999**

(as required by ORS 537.765)

Well ID Tag # L **28295**

Start Card # **120340**

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

(1) OWNER

Well Number _____
 Name **CASSELMANS COVE INC.**
 Street **PO BOX 1106**
 City **SCAPPOOSE** State **OR** Zip **97056**

(9) LOCATION OF HOLE By legal description

County **Multnomah** Latitude _____ Longitude _____
 Township **3.00 N** Range **2.00 W** Subdivision _____
 Tax lot **55** Lot _____ Block _____
 Section **25 SE 1/4 SW 1/4**

(2) TYPE OF WORK

New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

Street Address of Well (or nearest address)
26400 HWY 30
 MAP with location indentified must be attached

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger
 Other _____

(10) STATIC WATER LEVEL

92.0 Ft. below land surface. Date **06/09/1999**
 Artesian Pressure _____ lb/sq. in. Date _____

(4) PROPOSED USE

Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other _____

(11) WATER BEARING ZONES

Depth at which water was first found **118** ft.

From	To	Est. Flow Rate	SWL
118	128	3	92
252	260	14	92
275	283	33	92

(5) BORE HOLE CONSTRUCTION

Special Standards Depth of completed well **283** ft.
 Explosives Used Amount _____ Type _____

Diameter	From	To	Material	Begin Depth	End Depth	Material Amount	Units
10.00	0.00	30					
6.00	30.00	283	Bentonite	0.00	18.00	9.00	S
			Bentonite	18.00	30.00	12.00	S

(12) WELL LOG

Material	Ground Elevation		SWL
	From	To	
LIGHT BROWN CLAY	0	5	
BROWN CLAY	5	15	
BROWN SILT	15	22	
BROWN WEATHERED BASALT	22	26	
GRAY BASALT	26	99	
BLACK BASALT	99	118	
SOFT GRAY BASALT	118	128	92
GRAY BASALT	128	147	
GRAY BASALT	147	252	
BROKEN GRAY BASALT	252	260	92
BLACK BASALT	260	275	
VOID	275	278	92
BROKEN GREEN & GRAY BASALT	278	283	

How as seal placed: Method C Other **POURED BENTONITE CHIPS**
 Backfill placed from _____ ft. TO _____ ft. Material _____
 Filter pack from _____ ft. TO _____ ft. Size _____ in.

(6) CASING/LINER

Casing or Liner	Diameter	Begin Depth	End Depth	Gauge	Material	Construction		Location Of Shoe
						Weld	Threaded	
C	6.00	0.00	30.00	.250	S	■	■	30
L	4.00	3.00	283.00	160	P	■	■	

(7) PERFORATION/SCREENS

Perforation: Method _____
 Screens Type _____ Material _____

From	To	Slot Size Width	Slot Size	Number	Diameter	Size	Casing	Method	Material
264	282	0.250	5.00	38		4.00	LSAW CUT		P

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

Type **Air** Yield **50.0** Units **G** Drawdown _____ Stem at **280** Duration **1.0**

Temperature of water **54** °F/C Depth artesian flow found _____ ft.
 Was water analysis done?
 By Whom? _____
 Did any strata contain water not suitable for intended use? Too Little Salty
 Muddy Odor Colored Other _____
 Depth of strata _____ ft.

Date started **06/08/1999** Completed **06/09/1999**

(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 well construction standards. Materials used and information reported above are true to the best knowledge and belief.

Signed By _____
 (bonded) Water Well Constructor Certification: WWC Number _____

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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number **1679**
 Signed By **THOMAS R DANNISON JF TURNER WELL DRILLING**