

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

WELL LABEL # L 85981
 START CARD # 189382

(1) LAND OWNER Owner Well I.D. _____
 First Name ANDREW Last Name HANSEN
 Company ISLAND SPRINGS HATCHERY
 Address 17225 NW LUCY REEDER RD
 City PORTLAND State OR Zip 97231

(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 117 ft.

BORE HOLE			SEAL					sacks/
Dia	From	To	Material	From	To	Amt	lbs	
12	0	20	Bentonite	0	20	18	S	
8	20	117						

How was seal placed: Method A B C D E
 Other Poured into Dry Annular and Prodded
 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"/>	<input checked="" type="checkbox"/>	8		1	95	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6		84	96		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6		116	117		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		6x8		Fig K Packer 84						

Shoe Inside Outside Other Location of shoe(s) 95
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
		6	96	116	.04			PIPE

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
300		80	2
250		60	
50		35	

Temperature 57 °F Lab analysis Yes By AMJ
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County MULTNOM Twp 2 N N/S Range 1 W E/W WM
 Sec 6 NW 1/4 of the NE 1/4 Tax Lot 900
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
17225 NW LUCY REEDER RD

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	08-22-2006			25

Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 35

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
08-22-2006	96	116	300			25

(11) WELL LOG Ground Elevation _____

Material	From	To
BROWN SILTY/SANDY CLAY SOIL	0	10
BROWN SANDY CLAY	10	25
BROWN SAND (QUICKSAND)	25	35
BROWN SAND & GRAVEL, OCC, LOOSE	35	50
BROWN SAND & GRAVEL, LOOSE	50	75
BLACK SAND & GRAVEL, OCC LOOSE, OCC	75	117
"CEMENTED"		

Date Started 08-18-2006 Completed 08-22-2006

(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 _____ Date _____
 Password: (if filing electronically) _____
 Signed _____

(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 873 Date 8-23-2006
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) _____

RECEIVED