

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

WELL LABEL # L 74165
 START CARD # 192164

(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 108 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
			<u>See 11</u>			

How was seal placed: Method A B C D E
 Other _____
 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	Plato	Wld	Thrd
<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/> 1	89	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	6	<input type="checkbox"/> 78	88	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type Wire wound Material Stainless Steel

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Sorn/slot width	Slot length	# of slots	Tele/ pipe size
		6	88	108	.020			

(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		55	1
150		35	.3

Temperature 54 °F Lab analysis Yes By A. M. J.
 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 SE 1/4 of the NE 1/4 Tax Lot 900
 Tax Map Number _____ Lot _____
 Lat _____ ° 0 ' " or _____ DMS or DD
 Long _____ ° 0 ' " or _____ DMS or DD
 Street address of well Nearest address

17225 NW Lucy Reeder Rd.

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening	Date	SWL(psi)	SWL(ft)
Completed Well	<u>04-24-2007</u>		<u>25</u>

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 78

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
<u>04-24-2007</u>	<u>78</u>	<u>108</u>	<u>300</u>		<u>25</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Existing 8" Well @ 132 ft.	0	132
Original seal not disturbed.		
Pulled existing 6" screen out & reset 20 ft. of screen	78	108
Pulled existing 8" casing back to 89 ft.		
Well completed @ 108 ft.		

RECEIVED
 MAY 03 2007

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 04-18-2007 Completed 04-24-2007

(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 1492 Date 04-30-2007
 Password: (if filing electronically) _____
 Signed Meeri Bigsby

(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 1266 Date 04-30-2007
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) _____