

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

07-23-2007

WELL LABEL # L 90132

START CARD # 1001330

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_

First Name SHERRY Last Name CASSELMAN
Company CASSELMAN'S WHORF
Address P.O. BOX 1106
City SCAPPOOSE State OR Zip 97056

(2) TYPE OF WORK [X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE [ ] Domestic [ ] Irrigation [X] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy)
Depth of Completed Well 302.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, lbs, Sacks. Rows include Bentonite Chips and Cement.

How was seal placed: Method [ ] A [ ] B [ ] C [X] D [ ] E
[X] Other POURED
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_
Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_
Explosives used: [ ] Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes shoe location and temp casing info.

(7) PERFORATIONS/SCREENS
Perforations Method Circular Saw
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian
Yield gal/min 75 Drawdown \_\_\_\_\_ Drill stem/Pump depth 300 Duration (hr) 3

Table for well test results with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County Multnomah Twp 3.00 N N/S Range 2.00 W E/W WM
Sec 25 SW 1/4 of the NE 1/4 Tax Lot 800
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_
Lat \_\_\_\_\_ or \_\_\_\_\_ DMS or DD
Long \_\_\_\_\_ or \_\_\_\_\_ DMS or DD
[ ] Street address of well [X] Nearest address

26400 N.W. ST. HELENS RD.
SCAPPOOSE, OR. 97056

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL(psi), SWL(ft). Includes flow status indicators.

WATER BEARING ZONES Depth water was first found 103

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Lists multiple test dates and results.

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation. Lists geological layers like Brown Clay, Brown Silt, etc.

Date Started 07-02-2007 Completed 07-10-2007

(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.

License Number \_\_\_\_\_ Date \_\_\_\_\_
Electronically Filed
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.

License Number 1679 Date 07-23-2007
Electronically Filed
Signed THOMAS R DANNISON JR (E-filed)
Contact Info (optional) (503)543-8383