

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

WELL I.D. LABEL# L 15811
 START CARD # 215935
 ORIGINAL LOG #

(1) LAND OWNER
 Owner Well I.D. Camp Cooper
 First Name Jim Last Name Hill
 Company Cascade Pacific Council
 Address 2445 SW Naito Pkwy
 City Portland State OR Zip 97

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing:
 Material From To Amt sacks/lbs
 Seal:

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other Excavator

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other Camp Cooper

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

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs
			Bentonite	0	-12.4	126 S
			Clips		Calculated	
					Calculated	

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from 0 ft. to -12.1 ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 48 5 1 12.4
 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method Present 1 1/2" Tapered Holes
 Screens Type 2" Round Reel Material Concrete
 Perf/S Casing/Screen Scrn/slot Slot # of Tele/
 creen Liner Dia From To width length slots pipe size

		<u>48</u>	<u>12.4</u>	<u>16.4</u>	<u>1.5</u>	<u>1.5</u>	<u>112</u>	
--	--	-----------	-------------	-------------	------------	------------	------------	--

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

--	--	--	--

 Temperature _____ °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount
 From To Description Amount Units

--	--	--	--	--

(9) LOCATION OF WELL (legal description)
 County Tillamook Twp 4 S N/S Range 7 W E/W WM
 Sec 2 SE 1/4 of the NE 1/4 Tax Lot 800
 Tax Map Number 04907W Lot _____
 Lat _____ " or 45.253814 DMS or DD
 Long _____ " or -123.506937 DMS or DD
 Street address of well Nearest address
6000 Bald Mt. Rd, Willamina OR 97396

(10) STATIC WATER LEVEL
 Date SWL (psi) + SWL (ft)
 Existing Well / Pre-Alteration _____
 Completed Well 5/10/2019 10.95
 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found -6.7
 SWL Date From To Est Flow SWL (psi) + SWL (ft)

<u>04-18-2019</u>	<u>-8.7</u>	<u>-9.7</u>	<u>50</u>	
-------------------	-------------	-------------	-----------	--

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Duff</u>	<u>0</u>	<u>-1.7</u>
<u>Red Brown Clay</u>	<u>-1.7</u>	<u>-8.7</u>
<u>incorporating cobbles up to 12" dia</u>		
<u>Round alluvial rocks up to 1.5" diameter</u>	<u>-8.7</u>	<u>-9.7</u>
<u>Yellow Clay</u>		
<u>incorporating large cobbles up to 12" diameter and irregular blue/green clay pockets up to 12" dia</u>	<u>-9.7</u>	<u>-18</u>

RECEIVED

MAY 10 2019

OWRD

Date Started 04-18-2019 Completed 04-22-2019

(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 _____
 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 _____ Date May 10, 2019
 Signed _____
 Contact Info (optional) Ann-Yale - 503.703.9246