

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

WELL LABEL # L 82249

START CARD # W194818

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

(1) LAND OWNER
Owner Well I.D. _____
First Name Shane Last Name DeKawe
Company _____
Address 85201 Hudson Bay Rd. Mil.
City Milwaukie State OR Zip 97862

(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 Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 206 ft.

BORE HOLE			SEAL			
Dia.	From	To	Material	From	To	Amount (Scks/lbs)
14"	0	130'	Bentonite	0	25	28
10"	130'	225'				

How was seal placed: Method A B C D E
 Other peened
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 130 ft. to 25 ft. Material 1/2" pea gravel
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Liner	Dia.	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		10"	X	2	208'	250	X		X	

Shoe Inside Outside Other Location of shoe(s) 208'
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method cutting torch
Screens Type _____ Material _____

Perf	Scrn	Csng	Liner	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X	X				198	148	3/8"	10"	116	10"

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 320 Drawdown 41' Drill stem 185 Pump depth 12 hr. Duration (hr) _____

Temperature 62 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)

From	To	Description

(9) LOCATION OF WELL (legal description)
County Umatilla Twp 6 N or S Range 33 E or W W.M.
Sec 13 NW 1/4 of the NW 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 47954 Stateline Road

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>7-28-08</u>			<u>134</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>7-28-08</u>	<u>198</u>	<u>148</u>	<u>35Dyan</u>			<u>134</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Topsail</u>	<u>0</u>	<u>6</u>
<u>Clay-Brown</u>	<u>6</u>	<u>130</u>
<u>gravel-fine-day Br.</u>	<u>130</u>	<u>145</u>
<u>Clay-Brown</u>	<u>145</u>	<u>147</u>
<u>gravel-small-clay Br.</u>	<u>147</u>	<u>165</u>
<u>gravel-med</u>	<u>165</u>	<u>198</u>
<u>gravel-fine Black sand</u>	<u>198</u>	<u>205</u>
<u>Sand-fine Black-singravel</u>	<u>205</u>	<u>211</u>
<u>gravel-fine clay Brown</u>	<u>211</u>	<u>225</u>
<u>gravel packed Bentonite with pea gravel</u>	<u>19</u>	

Date Started 6-12-08 Completed 7-28-08

(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 1589 Date 8-22-08
Signed Shaun Handley

(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 1639 Date 8-22-08
Signed Mike Handley
Contact Info. (optional) _____