

Yamh 53380

Amended Well Log *

STATE OF OREGON WATER SUPPLY WELL REPORT

WELL I.D. # L 64139 START CARD # 156195

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

(1) LAND OWNER: Name Hiland Water Corp., Address 6135 Barger Rd., City St. Helens, State Or, Zip 97051

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 550ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds. Rows include 10" 0 25 Cem/Bent, 8" 25 263 Ceme/Bent, 6" 263 550.

How was seal placed: Method [] A [X] B [X] C [] D [] E [] Other

Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

Drive Shoe used [] Inside [] Outside [] None Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes checkboxes for Perforations and Screens.

(8) WELL TESTS: Minimum testing time is 1 hour. Table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Includes checkboxes for Pump, Bailer, Air, Flowing, Artesian.

Temperature of water 56°F Depth Artesian Flow Found [X] Yes By whom A.M.J. Did any strata contain water not suitable for intended use? [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other

WATER RESOURCES DEPT SALEM, OREGON

(9) LOCATION OF WELL by legal description: County Yamhill Latitude Longitude Township 3S N or S Range 3W E or W. WM. Section 24 SW 1/4 SW 1/4 Tax Lot 5700 Lot Block Subdivision Street Address of Well (or nearest address) 22220 N.E. Fryer Hill Rd.

(10) STATIC WATER LEVEL: 315 ft. below land surface. Date 6-3-03 Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Rows include 410 to 430 (10 GPM, 315) and 445 to 460 (10 GPM, 315).

(12) WELL LOG: Table with columns: Material, From, To, SWL. Lists materials like Red/brn clay, Decomp basalt, Firm Gr/brn basalt, etc.

Date started 5-22-03 Completed 6-2-03 (unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, 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.

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

JUN 18 2003

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 64139
START CARD # 156195

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

(1) LAND OWNER Well Number _____
Name Hiland Water Corp.
Address 6135 Barger Rd.
City St. Helens State OR Zip 97051

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 550 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	25	cem/bent	0	25	
8"	25	263	cem/bent	25	263	61 sacks
6"	263	550				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+1	263	.250		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
20		540	1 hr.

Pump Bailer Air Artesian

Temperature of water 56° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom AMJ
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Yamhill Latitude _____ Longitude _____
Township 35 N or S Range 3W E or W. WM.
Section 24 SE 1/4 SE 1/4
Tax Lot 5700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address)
22220 N.E. Fryer Hill Rd.

(10) STATIC WATER LEVEL:
315 ft. below land surface. Date 6/3/03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 410

From	To	Estimated Flow Rate	SWL
410	430	10 gpm	315
445	460	10 gpm	315

(12) WELL LOG:
Ground Elevation 410

Material	From	To	SWL
Red/Br. clay	0	4	
Decomp. basalt	4	62	
Firm Gr/Br. basalt	62	99	
Decom. brown basalt	99	107	
Firm Gr/Br. basalt	107	156	
Firm Gr/Bl. basalt	156	212	
Firm Gr./Br. basalt	212	230	
Decomp. gray basalt			
w/ clay	230	258	
Hard gray basalt	258	369	
Firm Gr./Bl. basalt	369	402	
Firm gray/brown basalt			
w/ occ. soft br. stks	402	433	315
Hard gray basalt	433	445	
Soft red/br. basalt	445	448	315
Firm Gr/Br. basalt	448	460	216
Hard gray basalt	460	498	
Firm gr./bl. basalt	498	538	
Soft gray basalt	538	550	

Date started 5/22/03 Completed 6/2/03

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
WWC Number 1266
Signed [Signature] Date 6/4/03