

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

marion
53448

WELL ID # **L18413**
 (START CARD) # **115072**

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

(1) OWNER: Well Number: **530**
 Name **Portland Nursery**
 Address **5050 SE Stark**
 City **Portland** State **OR** Zip **97215**

(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 **218** ft.
 Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Amount sacks or pounds |
|----------|------|----|-----------|------|----|---------------------------|
| Diameter | From | To | Material | From | To | |
| 14 | 0 | 50 | Bentonite | 0 | 50 | 35 Sacks |

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:

| Casing/Liner | Diameter | From | To | Gauge | Material | | | |
|--------------|----------|------|-----|-------------------------------------|--------------------------|-------------------------------------|--------------------------|----------|
| | | | | | Steel | Plastic | Welded | Threaded |
| Casing: 10 | +2 | 218 | 1/4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Liner: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Final location of shoe(s) **218**

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Material | | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--|-------------------------------------|--------------------------|
| | | | | | Tele/pipe size | | | |
| 120 | 140 | 1x1/8 | 1640 | 10 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min **50** Drawdown **218** Drill stem at **1 hr.** Time

Temperature of Water **56** Depth Artesian Flow found _____
 Was a water analysis done? Yes By whom _____
 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 **Marion** Latitude _____ Longitude _____
 Township **4S** N or S. Range **1W** E or W. of WM.
 Section **3** **SE** $\frac{1}{4}$ **SE** $\frac{1}{4}$
 Tax Lot **0100** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address)
13400 Cedarwood, Aurora, OR 97002

(10) STATIC WATER LEVEL:
70 ft. below land surface. Date **9/21/98**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **120**

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 120 | 135 | 50 | 70 |

(12) WELL LOG: Ground elevation _____

| Material | From | To | SWL |
|---------------------|------|-----|-----|
| Clay Brown | 0 | 45 | |
| Clay Gray | 45 | 115 | |
| Clay Brown | 115 | 120 | |
| Gravel & Sand Brown | 120 | 135 | 70 |
| Clay Gray | 135 | 190 | |
| Clay Light Gray | 190 | 218 | |

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 SALEM, OREGON

Date started **9/15/98** Completed **9/21/98**

(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 my best knowledge and belief.
 Signed _____ WWC Number _____
 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.
 Signed *Randy C. Enk* WWC Number **663**
 Date **9-29-98**
AMERICAN WELL DRILLING

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

MARI 58604
Mari 58604

WELL I.D. # L 59626

START CARD # W-138760

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

(1) LAND OWNER Well Number 33-04
 Name Cedarwood Nursery
 Address 13300 Cedarwood Road
 City Aurora State Oregon Zip 97002

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 144 ft.
 Expansives used: Yes No Type _____ Amount _____

| BORE HOLE | | | SEAL | | | Sacks or Pounds |
|-----------|------|-----|-----------------------|------|----|-----------------|
| Diameter | From | To | Material | From | To | |
| 12 | 0 | 65 | Bentonite | 0 | 18 | 21 sacks |
| 8 | 65 | 144 | Cement w/ 3% bent. | 18 | 65 | 26 sacks |

How was seal placed: Method A B C D E
 Other Bentonite
 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: 8 | +2 | 133 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <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 Telescope Material Stainless

| From | To | Slot Size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| 128 | 144 | 60 | | 8 | Tele | <input type="checkbox"/> | <input type="checkbox"/> |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|---------|
| 90 | 18 | | 2 hours |

Temperature of water 53 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County Marion
 Tax Lot 300 Lot _____
 Township 4 S Range 1 W WM
 Section 11 nw 1/4 nw 1/4
 Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)
 Street Address of Well (or nearest address) 13300 Cedarwood Road
Aurora, Oregon 97002

(10) STATIC WATER LEVEL
81 ft. below land surface. Date 12-3-04
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 108

| From | To | Estimated Flow Rate | SWL |
|------------|------------|---------------------|-----------|
| 23 | 31 | 7 | 26 |
| <u>108</u> | <u>142</u> | <u>90</u> | <u>61</u> |

(12) WELL LOG Ground Elevation _____

| Material | From | To | SWL |
|------------------|------|-----|-----|
| Silty clay-brown | 0 | 23 | |
| Sand-silt-brown | 23 | 31 | 26 |
| Clay-brown | 31 | 48 | |
| Clay-grey | 48 | 108 | |
| Gravel-sand-grey | 108 | 142 | 61 |

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SALEM, OREGON

Date Started 11-10-04 Completed 12-3-04

(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.

WWC 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.

WWC Number 1 Date 12-07-04
 Signed Paul L. McDonald

ORIGINAL - WATER RESOURCES DEPARTMENT

FIRST COPY - CONSTRUCTOR

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06/16/2004

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