

Attachment A
State Water Well Report
Application for a Permit to Use Groundwater

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MAY 24 2007

WATER RESOURCES DEPT
SALEM, OREGON

WELL LABEL # L 39275

START CARD # 128954

(1) LAND OWNER Owner Well I.D. 2

First Name JAMES & NANCY Last Name JOHNSON
 Company _____
 Address 11175 NW SALTZMAN RD
 City PORTLAND State OR Zip 97229

(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 Tubex Underreamer

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 425.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	20	Bentonite Chips	0	20	13	S
9.6	20	425					

How was seal placed: Method A B C D E

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

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	424	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 424
 Temp casing Yes Dia 10 From 1 To 3

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

Perf/Screen	Casing/Screen Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 100 Drawdown _____ Drill stem/Pump depth 420 Duration (hr) 1

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		420	1

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)
 From _____ To _____ Description _____

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(9) LOCATION OF WELL (legal description)

County Multnomah Twp 1.00 N N/S Range 1.00 W E/W WM
 Sec 22 NW 1/4 of the NE 1/4 Tax Lot 400
 Tax Map Number _____ Lot _____
 Lat _____ ° 0' _____ " or _____ DMS or DD
 Long _____ ° 0' _____ " or _____ DMS or DD
 Street address of well Nearest address

11175 NW SALTZMAN RD PORTLAND, OR. 97229

(10) STATIC WATER LEVEL Date _____ SWL(psi) _____ + SWL(ft) _____

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	11-21-2000		275

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 375

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11-21-2000	375	380	20		275
11-21-2000	390	410	10		275
11-21-2000	415	425	70		275

(11) WELL LOG Ground Elevation _____

Material	From	To
Brown Clay	0	62
Tan Clay with small round Rock particles	62	72
Red Clay with small round Rock particles	72	173
Light Brown Basalt & Red Clay	173	180
Red Clay	180	207
Brown Clay	207	210
Brown Weathered Basalt	210	267
Green & Brown Volcanic Tuff	267	272
Green Broken Basalt	272	296
Green & Red Broken Basalt	296	355
Brown Clay	355	359
Dark Green Weathered Basalt	359	375
Green & Red Broken Basalt	375	390
Green & Gray Broken Basalt	390	410
Red Broken Basalt	410	415
Gray & Green Broken Basalt	415	425

Date Started 11-14-2000 Completed 11-21-2000

(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 _____
 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. 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 1679 Date 02-25-2007
 Electronically Filed
 Signed THOMAS R DANNISON JR (E-filed)
 Contact Info (optional) (503)543-8383