

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

(WELL I.D.)# L **85439**

(START CARD) # **189414**

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

**(1) OWNER:** Well Number **4731**  
Name **North Pointe Home Owners Association c/o Matrix Developm**  
Address **12755 SW 69th, Suite 100**  
City **Portland** State **Oregon** Zip **97223**

**(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 **45** ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE     |      |    | SEAL      |      |    | Sacks or pounds |
|----------|------|----|-----------|------|----|-----------------|
| Diameter | From | To | Material  | From | To |                 |
| 12       | 0    | 18 | Bentonite | 0    | 18 | 10 sacks        |
| 8        | 18   | 45 |           |      |    |                 |

How was seal placed. Method  A  B  C  D  E  
 Other **Poured dry**  
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        | +1   | 39 | 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"/> |

Final location of shoe(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method **Torch cut**  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing                              | Liner                    |
|------|----|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 20   | 38 | 3/8x6     | 100    |          |                | <input checked="" 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  |
|---------------|----------|---------------|-------|
| 13            | All      |               | 1 hr. |

Temperature of water **54** 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 **Benton** Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township **11** S Range **3** W WM.  
Section **6** NW 1/4 NW 1/4  
Tax Lot **2500** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) **Augusta Ct.**  
**Albany, OR 97321**

**(10) STATIC WATER LEVEL:**  
**24** ft. below land surface. Date **8/17/2006**  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
Depth at which water was first found **25**

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| 25   | 30 | 13                  | 24  |

**(12) WELL LOG:**  
Ground Elevation \_\_\_\_\_

| Material      | From | To | SWL |
|---------------|------|----|-----|
| Topsoil       | 0    | 2  |     |
| Brown clay    | 2    | 25 |     |
| Sand & gravel | 25   | 32 | 24  |
| Blue clay     | 32   | 45 |     |

**JONES DRILLING CO., INC. RECEIVED**

**29400 SANTIAM HWY.**

**LEBANON, OR 97355**

**541-367-2560 541-451-2686**

**1-800-915-8388**

AUG 31 2006

WATER RESOURCES DEPT  
SALEM, OREGON

Date started **8/17/2006** Completed **8/17/2006**

**(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.

Signed *[Signature]* WWC Number **1411**  
Date **8/29/2006**

**(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 *[Signature]* WWC Number **1684**  
Date **8/29/2006**