

CLAC 17900
 RECEIVED amended
 APR 18 1997

(1) OWNER: Well No. 05161992
 Name DILLARD NURSERY
 Address 11375 SE 232ND
 City GRESHAM St OR Zip

(9) LOCATION OF WELL by legal description:
 County CLACK Lat. ° ' " Long. ° ' "
 Township 1 S Range 3 E WM.
 Section 34 1/4 1/4
 Tax Lot 100 Lot Block Subdivision
 Street Address of Well (or nearest Address)
 11375 SE 232ND GRESHAM, OR

(2) TYPE OF WORK: NEW WELL
 (3) DRILL METHOD: ROTARY AIR
 (4) PROPOSED USE: IRRIGATION

(10) STATIC WATER LEVEL:
 160 ft. below land surface. Date 05/06/92
 Artesian pressure _____ lb per square in. Date _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction Approval NO _____ Depth of Compl. Well 400 ft
 Explosives used NO _____ Type _____ Amount _____
 HOLE SEAL
 Diam. From To Material From To Amount
 14 0 60 CEMENT 0 60 31
 10 60 160 CEMENT 140 160 8

(11) WATER BEARING ZONES:
 Depth at which water was first found 25
 From To Est Flow Rate SWL
 25 30 20-30 18
 160 180 20 80
 300 400 400 160

Seal placement method _____
 Backfill: from _____ ft to _____ ft Material _____
 Gravel: from _____ ft to _____ ft Size _____

(12) WELL LOG:
 Ground elevation _____
 Material From To SWL
 TOP SOIL 0 2
 RED CLAY 2 18
 CEMENTED GRAVEL W/LARGE BOULD 18 160
 LOOSE GRAVEL 160 180 80
 CLAY & GRAVEL 180 200
 BLUE CLAY 200 240
 FINE CEMENTED GRAVEL 240 300
 SAND & GRAVEL 300 320
 COARSE GRAVEL LOOSE 320 400

 Date started 04/10/92 Completed 05/06/92

(6) CASING/LINER:
 Diam. From To Gauge Material Connection
 Casing 10 1 60 .250 STEEL WELDED
 8 0 400 .250 STEEL WELDED

 Liner _____

 Final Location of shoe(s) 400

(7) PERFORATIONS/SCREENS:
 Perf. Method AIR KNIFE
 Screens Type _____ Material _____
 Slot Tele/pipe
 From To Size Number Diam. Size Casing/liner
 340 400 1/8X2 1800 _____ CASING

(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.
 WWC Number _____
 Signed _____ Date _____

(8) WELL TESTS: Minimum testing time is 1 hour
 Test type AIR
 Yield GPM Draw-down Drill stem at Time
 400 _____ 380 1 hr.
 400 _____ 380 4

 Temperature of water 55 Depth Artesian Flow Found _____
 Was water analysis done? NO By whom _____
 Reason for water not suitable for use _____
 Depth of strata _____

(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 616
 Signed *[Signature]* Date 05/16/92

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

CLAC
17900

JUN - 1 1992

1s/3E/34
30808

(START CARD) #

WATER RESOURCES DEPT.
Name _____ Well Number _____

Name Dillard Nursery
Address 11375 SE, 23rd
City Clatskanie State OR Zip _____

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 400 ft.
Explosives used Yes No Type _____ Amount _____

| Diameter | HOLE | | Material | SEAL | | Amount sacks or pounds |
|----------|------|-----|----------|------|-----|---------------------------|
| | From | To | | From | To | |
| 14 | 0 | 60 | Cement | 0 | 60 | 3 |
| 10 | 60 | 160 | Cement | 140 | 160 | 8 |
| 8 | 160 | 400 | | | | |

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 | Material | | | |
|------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | | | Steel | Plastic | Welded | Threaded |
| Casing: 10 | 0 | 60 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8 | 0 | 400 | | <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) 400

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

| From | To | Slot size | Number | Diameter | Tele./pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|-----------------|-------------------------------------|--------------------------|
| 340 | 400 | 1/2" | 2 | 800 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

Pump Bailor Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 400 | | 1380 | 4 hr. |

Temperature of Water 55 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 CLATSOP Latitude _____ Longitude _____
Township 1S N or S. Range 3E E or W. WM. _____
Section 34 _____
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 11375 SE, 23rd, Clatskanie OR.

(10) STATIC WATER LEVEL:
160 ft. below land surface. Date 5-6-92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 25 FT

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 25 | 30 | 20-30 | 18 |
| 160 | 180 | 20 | 80 |
| 300 | 400 | 400 PLUS | 160 |

(12) WELL LOG:

| Material | From | To | SWL |
|-------------------------------------|------|-----|-----|
| TOP SOIL | 0 | 2 | |
| Red CLAY | 2 | 18 | |
| Cemented GRAVEL with large boulders | 18 | 160 | |
| Loose GRAVEL | 160 | 180 | 80 |
| CLAY GRAVEL | 180 | 200 | |
| Blue CLAY | 200 | 240 | |
| Five cemented GRAVEL | 240 | 300 | |
| SAND GRAVEL | 300 | 320 | |
| Coarse GRAVEL | 320 | 400 | |
| Loose | | 400 | |

Date started 4-10-92 Completed 5-6-92

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WVC 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 well construction standards. This report is true to the best of my knowledge and belief.

WVC Number 116
Signed Mark Williams Date 5-16-92