

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

18908 Clack
CLAC 18908
 NOV 11 1993

(START CARD) # 50842 **50852**

(1) OWNER: Well Number _____
 Name Charles L. Afforlter
 Address P.O. Box 506
 City Sherwood State OR Zip 97140

(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 850 ft.
 Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Amount sacks or pounds |
|----------|------|-----|----------|------|-----|---------------------------|
| Diameter | From | To | Material | From | To | |
| 12" | 0 | 120 | cement | 0 | 120 | 45 |
| 8" | 120 | 350 | | | | |

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: 8" | +1 | 350 | .25 | <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 Holt peforator
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 340 | 350 | 1/4" x 2" | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 150 | | 340 | 1 hr. |

Pump Bailer Air Flowing Artesian

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 Clack Latitude _____ Longitude _____
 Township 5S N or S. Range 2E E or W. WM. _____
 Section 4 SW 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
145 ft. below land surface. Date Sept 24
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 340

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 340 | 350 | 150 | 145 |

(12) WELL LOG:
 Ground elevation _____

| Material | From | To | SWL |
|------------------|------|-----|-----|
| soil brown | 0 | 1 | |
| clay brown | 1 | 75 | |
| clay grey sticky | 75 | 170 | |
| clay grey | 170 | 239 | |
| clay grey stick | 239 | 340 | |
| gravel pea | 340 | 350 | 145 |

RECEIVED

MAR 13 2000

RECEIVED

FEB 12 1998

WATER RESOURCES DEPT
 SALEM, OREGON

Date started Sept 20 Completed Sept 25

(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.

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

Signed [Signature] WWC Number 728
 Date Sept 25

| | |
|---|----------------------------------|
| FOR WATER RESOURCES DEPARTMENT USE ONLY | |
| Date Postmarked <u>9-20-93</u> | W-50852104856 |
| Date Hand-delivered _____ | WRD Receipt |
| Watermaster Initials _____ | Date Fee Received <u>9-21-93</u> |

CHECK NO. _____

RECEIVED

START CARD
NOTICE OF BEGINNING OF WELL CONSTRUCTION
 (as required by ORS 537.762)

SEP 21 1993

WATER RESOURCES DEPT. SALEM, OREGON

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original mailed to the Water Resources Department, 3850 Portland Road NE, Salem, OR 97310, no later than the day construction, conversion or abandonment work begins. A **\$75 fee shall accompany all notices for new well construction or conversion of an existing hole not previously used as a water well** (make checks payable to the Water Resources Department). Notices meeting this requirement but received without the required fee will not be accepted as properly and timely filed. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

Owner's name and mailing address Charles L. AFFolter
P.O. Box 506
Sherwood, OR 97140

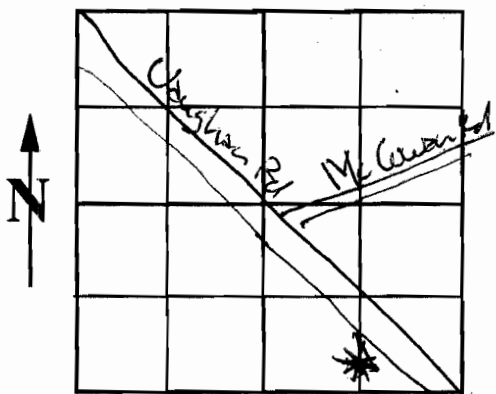
Check type of work: Fee Required New construction Conversion No Fee Required Repair Deepening Recondition Abandonment

Proposed Commencement Date 9-20-93 Existing or Proposed Well Depth 250 Diameter 6"

Check Use: Domestic Community Industrial Irrigation Monitoring Thermal Injection Other _____

Proposed Well Location: County Clatsop Owner's Well Id. No. _____
 Township 5S (N or S) Range 2E (E or W) Section 4

- SW 1/4 of SE 1/4 of above section
- Street address of well location _____
- Tax lot number of well location _____
- Attach map with location identified. (See reverse of this form for approved maps)
- Show well location within 1/4, 1/4 of section grid at left.



We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks, septic drain fields and other hazards. (See #2 on back)

 Owner's signature

 Title

 Date

 Home phone

 Work phone

David P. M...
 Bonded Water / Monitor Well Constructor
 License No. 728
 Company Don Merrill Drilling

NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required.