

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

Clac
 52220 WELL I.D.# 216817

(START CARD) # 104149

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

(1) OWNER: Well Number _____

Name Colony Nursery
 Address 28889 S. Needy Rd.
 City Canby State Or Zip 97013

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

| HOLE | | | SEAL | | | Sacks or pounds |
|----------|------|-----|-----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | |
| 10 | 1 | 30 | Bentonite | 1 | 30 | 13 sacks |
| 6 | 30 | 136 | | | | |

How was seal placed: Method A B C D E

Other Granular Bentonite method

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

| Casing: | Diameter | From | To | Gauge | Material | | | |
|---------|----------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | | | | Steel | Plastic | Welded | Threaded |
| | 6 | 0 | 127 | .25 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) 127

(7) PERFORATIONS/SCREENS pull back

Perforations Method slotted Material pvc
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 138 | 131 | .025 | | 3" | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 131 | 119 | .010 | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 32 | 5 | | 10 hr |

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 by legal description:

County CLACKAMAS Latitude _____ Longitude _____
 Township 45 N or S Range 1e E or W. WM.
 Section 28 NW 1/4 SW 1/4
 Tax Lot 1501 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
8144 S. Heins Rd

(10) STATIC WATER LEVEL:

58 ft. below land surface. Date Sep 25
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 23

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 23 | 136 | | 58 |

(12) WELL LOG:

Ground Elevation _____

| Material | From | To | SWL |
|------------------------|------|-----|-----|
| Soil | 1 | 3 | |
| Clay, Brown | 3 | 24 | |
| Clay, Grey | 24 | 45 | |
| Cemented Gravel, Brown | 45 | 83 | |
| Cemented gravel, grey | 83 | 84 | |
| Clay, grey | 84 | 128 | |
| Sand & gravel | 128 | 136 | |

RECEIVED

OCT - 2 1997

WATER RESOURCES DEPT.
 SALEM, OREGON

Sep 22

Sep 25, 1997

Date started _____ Completed _____

(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.

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

WWC Number 743

Signed Richard J. Bush Date 9/25/97