

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

(1) OWNER: Well Number: **690**
 Name **Golf Solutions LLC**
 Address **PO Box 2980**
 City **Oregon City** State **OR** Zip **97045**

(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 **1210** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
20	0	19	cement	0	19	15 sacks
16	19	800	cement	40	800	300 sacks
12	800	940				
8	940	1210				

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:

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	16	+1.5	21	.312	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12	0	500	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12	500	800	.312	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____
 Final location of shoe(s) **800**

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input 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
0			
0			
200		940	1 hr

Temperature of Water **56** 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 **3S** N or S. Range **2E** E or W. of WM. _____
 Section **21** **SE** $\frac{1}{4}$ **NW** $\frac{1}{4}$ _____
 Tax Lot **0790** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address)
21011 S. HWY 213

(10) STATIC WATER LEVEL:
310 ft. below land surface. Date **10/25/00**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **60**

From	To	Estimated Flow Rate	SWL
60	80	25	35
200	240	500	90
320	340	200	90
900	930	200	310

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Clay, Brown	0	15	
Basalt, Gray	15	45	
Clay, Red	45	60	
Claystone, Brown	60	80	35
Claystone, Gray	80	200	
Sandstone, Gray	200	240	90
Claystone, Light Gray	240	300	
Claystone, Gray & Green	300	320	
Sandstone, Gray	320	340	90
Claystone, Gray & Green	340	480	
Claystone, Green & Gray; some wood	480	600	
Claystone, Gray & Green	600	770	
Claystone, Green; softer	770	810	
Claystone, Gray; hard	810	900	
Sandstone, Gray; hard	900	930	310
Claystone, Gray; hard	930	1210	

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APR 30 2003

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started **9/12/00** Completed **10/25/00**

(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.
 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed *Rodney C. Galt* WWC Number **663**
 Date **4/29/03**

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

Clac 56352

CLAC 56352
AMENDED COPY

WELL ID # **39490**
 (START CARD) # **135506**

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

(1) OWNER: Well Number: **690**
 Name **Golf Solutions LLC**
 Address **Po Box 2980**
 City **Oregon City** State **OR** Zip **97045**

(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 **1210** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
20	0	19	cement	0	19	15 sacks
16	19	800	cement	40	800	300 sacks
12	800	940				
8	940	1210				

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: 16	+1.5	21	.312	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	0	500	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	500	800	.312	<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) **800**

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input 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 _____
200 _____ **940** _____ **1 hr.**

Temperature of Water **56** 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 **3S** N or S. Range **2E** E or W. of WM.
 Section **21** **SE** $\frac{1}{4}$ **NW** $\frac{1}{4}$
 Tax Lot **0790** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
21011 S. HWY 213

(10) STATIC WATER LEVEL:
320 ft. below land surface. Date **10/25/00**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **60**

From	To	Estimated Flow Rate	SWL
60	80	25	35
200	240	500	90
320	540	200	90

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Clay, Brown	0	15	
Basalt, Gray	15	45	
Clay, Red	45	60	
Claystone, Brown	60	80	35
Claystone, Gray	80	200	
Sandstone, Gray	200	240	90
Claystone, Light Gray	240	300	
Claystone, Gray & Green	300	320	
Sandstone, Gray	320	340	90
Claystone, Gray & Green	340	480	
Claystone, Green & Gray; some wood	480	600	
Claystone, Gray & Green	600	770	
Claystone, Green; softer	770	810	
Claystone, Gray; hard	810	900	
Sandstone, Gray; hard	900	930	320
Claystone, Gray; hard	930	1210	

Date started **9/12/00** Completed **10/25/00**

(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.
 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed *Paul C. Ehl* WWC Number **663** Date **10/5/01**
AMERICAN WELL DRILLING

NOV 28 2000

CLAC
50352

STATE OF OREGON
WATER SUPPLY WELL REPORT WATER RESOURCES DEPT
(as required by ORS 537.765) SALEM, OREGON

WELL I.D. # L 39490
START CARD # 135506

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

(1) OWNER: Well Number 690
Name Golf Solution LLC
Address PO Box 2980
City Oregon City State OR. Zip 97045

(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 1210
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		
Diameter	From	To	Material	Sacks or pounds
20	0	19	cement	15
16	19	30	cement	300
12	30	40		
8	40	1210		

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 _____

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16	1	21	31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12	0	500	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12	500	830	31	<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) 830

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input 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
500	475		8 hrs

Temperature of water 62 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Clack. Latitude _____ Longitude _____
Township 3 N or S Range 2 E or W. WM.
Section 21 SE 1/4 NW 1/4
Tax Lot 0790 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 21011 S. Hwy. 313

(10) STATIC WATER LEVEL:
310 ft. below land surface. Date 11/22/00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 60

From	To	Estimated Flow Rate	SWL
60	80	25	35
200	240	500	90
320	540	200	90
900	930	500	310

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
clay brown	0	15	
basalt gray	15	45	
clay red	45	60	
claystone brown	60	80	35
claystone gray	80	200	
sandstone gray	200	240	90
claystone lite gray	240	300	
claystone gray/green	300	320	
sandstone gray	320	340	90
claystone gray/green	340	480	
claystone green/gray			11/22/00
some wood	480	600	
claystone green/gray	600	770	
claystone green soft	770	810	
claystone gray hard	810	900	
sandstone gray hard	900	930	310
claystone gray hard	930	1210	

Date started 9/12/00 Completed 11/22/00

(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 in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 663
Signed Randy C. Galt Date 11/25/00

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