

WesterbeCLAC 57441
 36728 S. Kropf Rd.
 Molalla, OR 97038

STATE OF OREGON
 WATER SUPPLY WELL REPORT

WELL I.D. # L 54057
 START CARD # 142642

RECEIVED
 NOV 15 2001
 WATER RESOURCES DEPT.
 SALEM, OREGON

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

(1) LAND OWNER Well Number _____
 Name DAVE SATHER
 Address 31150 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 337 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	337	Cement	35	123	160 sacks
			Bentonite	0	35	83 sacks

How was seal placed: Method A B C D E
 Other PLACED DRY

Backfill placed from 171 ft. to 177 ft. Material HOLE PLUG
 Gravel placed from 337 ft. to 123 ft. Size of gravel 8-12

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+2	337	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(except where screened)							
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) END CAP 1/4" THICK @ 337'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	JOHNSON Number	Tele/pipe Diameter	STEEL Casing	Liner
146	167	.055		7.75	P/S	<input type="checkbox"/>
251	263	.055		7.75	P/S	<input type="checkbox"/>
279	296	.055		7.75	P/S	<input type="checkbox"/>
307	317	.055		7.75	P/S	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
625	111'		8hr + 1/2 hr

Temperature of water 57° 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: all sand & gravel below 100'
that was not screened

(9) LOCATION OF WELL by legal description:
 County CLACKAMAS Latitude _____ Longitude _____
 Township 5S N or S Range 1E E or W _____
 Section 9 NW 1/4 _____ NW 1/4 _____
 Tax Lot 1000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 31150 S. NEEDY RD.
CANBY, OR 97013

(10) STATIC WATER LEVEL:
58 ft. below land surface. Date 11-9-01
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 47'

From	To	Estimated Flow Rate	SWL
47'	52'	N/A	47'
79'	94'	N/A	53'
103'	111'	N/A	53'
125'	129'	N/A	58'
123'	125'	N/A	58'

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
SOIL BROWN	0	2	
CLAY SILTY BROWN	2	19	
SAND FINE BRN SILTY	19	26	
CLAY SILTY GREY	26	29	
CLAY GREY STIFF	29	44	
SILT GREY SANDY	44	47	
SILT BRN STIFF W/ FINE GRAVEL & SAND	47	52	
CLAY SILTY BRN SOME GRAVEL	52	79	
SAND MED BRN W/ GRAVEL FINE CMNTD	79	94	
CLAY BROWN	94	103	
GRAVEL & SAND FINE CEMENTED BROWN	103	111	
CLAY GREY	111	117	
CLAYSTONE GREY HARD	117	121	
CLAY GREY	121	123	
SAND BROWN SILTY	123	125	cont'd

Date started 8-29-01 Completed 11-09-01 next page

(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 1487
 Date 11-12-01

(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 688
 Date 11-12-01

CLAC 57441
Wasterberg Drilling, Inc.
36728 S. Kropf Rd.
Molalla, OR 97038

Amended Pack

WELL I.D. # L 54057
 START CARD # _____

NOV 15 2001
 WATER RESOURCES DEPT.
 SALEM, OREGON

RECEIVED

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

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

(1) LAND OWNER Well Number _____
 Name DAVE SATHER
 Address 31150 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 _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

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

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
			Time
			1 hr.

Temperature of water _____ 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 5S N or S Range 1E E or W M.
 Section 9 NW 1/4 NW 1/4
 Tax Lot 1000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 31150 S. NEEDY RD.
CANBY, OR 97013

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

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

From	To	Estimated Flow Rate	SWL
145'	167'	350 GPM	58'
196'	206'	35 GPM	58'
232'	251'	30 GPM	58'
251'	263'	70 GPM	58'
279'	296'	110 GPM	58'
307'	317'	80 GPM	58'

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
cont'd from previous page			
GRAVEL FINE GRY DIRTY	125	129	
CLAY GREY STIFF	129	143	
CLAY GREEN SANDY	143	145	
SAND BLACK COARSE	145		
CEMENTED SLIGHTLY		149	
SAND COARSE LOOSE	149	152	
SILT GREY SANDY WOOD	152	162	
GRAVEL & SAND CMNTD	162		
WITH WOOD & SILT		167	
CLAY GREY DENSE	167	196	
SAND MEDIUM CEMENTED	196	199	
SAND FINE CMNTD SILTY	199	206	
CLAY GREY	206	229	
CLAY BLUE	229	232	
SAND FINE PACKED W/	232		
SILT LENSES		236	
SAND & GRAVEL CON-	236		
GLOMERATE HARD		238	

Date started _____ Completed cont'd next page

(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 _____ Date _____ WWC Number _____

(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 _____ Date _____ WWC Number _____

RECEIVED

NOV 15 2001
 WATER RESOURCES DEPT.
 SALEM, OREGON

RECEIVED

STATE OF OREGON

WATER SUPPLY WELL REPORT

NOV 15 2001

WELL I.D. # L 54057

(as required by ORS 537.765)

START CARD #

Instructions for completing this report WATER RESOURCES DEPT. SALEM, OREGON

Clac 57441

(1) LAND OWNER

Name DAVE SATHER
Address 31150 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 ft.
Explosives used Yes No Type Amount

Table with columns: HOLE Diameter, SEAL From, To, Material, From, To, Sacks or pounds

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:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded
Rows for Casing and Liner

Drive Shoe used Inside Outside None
Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method
Screens Type Material

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

Table with columns: Pump, Bailer, Air, Flowing, Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water 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 5S N or S Range 1E E or W. WM.
Section 9 NW 1/4 NW 1/4
Tax Lot 1000 Lot Block Subdivision
Street Address of Well (or nearest address) 31150 S. NEEDY RD.
CANBY, OR 97013

(10) STATIC WATER LEVEL:

ft. below land surface. Date
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES:

Table with columns: From, To, Estimated Flow Rate, SWL
Includes RECEIVED stamp and NOV 27 2001 date

(12) WELL LOG:

Table with columns: Material, From, To, SWL
Includes Westerberg Drilling, Inc. contact info

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
Signed Date