

STATE OF OREGON
Water Supply Well Report

(as required by ORS 537.765)

CLAC 58444

Received Date:

Well ID Tag # L 62064

Start Card # 153132

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

58444

(1) Owner Well Number: _____
 Name: REARDON MIKE
 REARDON NURSERY INC.
 Street: 10500 SE 282 ND
 City: BORING State: OR Zip Code: 97009

(9) Location of Hole by legal description
 County: CLAC Latitude: _____ Longitude: _____
 Township: 1.00 S Range: 4.00 E
 Section: 30 NWSW Lot: _____ Block: _____
 Tax Lot: 2501 Subdivision: _____
 Street Address of Well (or nearest address):
 10500 SE 282 ND
 MAP, with location identified, must be attached.

(2) Type of Work
 New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(10) Static Water Level
 Feet below land surface: _____ Date: _____
 Artesian Pressure: _____ Date: _____

(3) Drill Method
 Rotary Air Rotary Mud Cable Auger
 Other: _____

(11) Water Bearing Zones
 Depth at which water was first found:
 From _____ To _____ est Flow _____ swl _____

(4) Proposed Use
 Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other: _____

(5) Bore Hole Construction
 Special Standards: Depth of completed well: 66.00 ft.
 Explosives Used: Amount: _____ Type: _____

Diameter	Hole		Mtrl	Seal		Sacks/lbs
	From	To		From	To	
16.00	0.00	18.00	BE	0.00	18.00	14
12.00	18.00	66.00				

 How was seal placed? _____ Other: Filled to top with
 Back fill placed from: dry bentonite Material: _____
 Filter pack from: _____ Size: _____

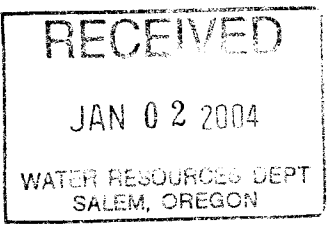
(12) Well Log Ground Elevation: _____

Material	From	To	swl
SOIL	0.00	2.00	
BROWN CLAY	2.00	35.00	
GRAVEL	35.00	66.00	

Pulled rig off for repairs.

(6) Casing / Liner

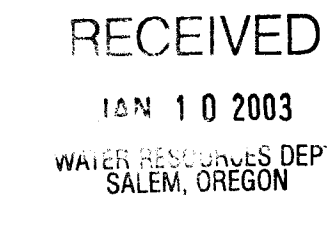
Csng/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	12.00	0.00	66.00	.250	S	X			



(7) Perforation / Screens

Perforations:
 Mtrl From To Width Height #Slots Dia. t/pSize Csng/ Lnr Method

Screens:
 Mtrl From To S Size #Slots Dia. t/pSize Type Gauge



(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	0.00	G			1.00

Date Started: 12 / 23 / 2002 Date Completed: 01 / 03 / 2003

(unbonded) Water Well Constructor Certification:
 I certify that the work I perform 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 the best knowledge and belief.
 Signed by: RONALD SPENGLER WWC #: 1585

(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 by: CASEY JONES JR WWC #: 1541
 CASEY JONES WELL DRILLING Phone: 541-747-2806

Temperature of Water: _____
 Was water analysis done? Depth of artesian flow: _____
 by whom? _____
 Did any strata contain water unsuitable for use? Too Little Salty
 Muddy Odor Colored other: _____
 Depth of strata: _____