

STATE OF OREGON WATER SUPPLY WELL REPORT

Arrow 03-009-A

WELL ID # L 61589 START CARD # 153779

(as required by ORS 537.765)

(1) LAND OWNER:

Name: Thomas L. Thomsen Address: 25355 NE Glass Road City: Aurora State: OR Zip: 97002

Well Number: _____

(2) TYPE OF WORK:

[X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD:

[X] Rotary Air [] Rotary Mud [X] Cable [] Auger [] Other: _____

(4) PROPOSED USE:

[] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Livestock [] Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [] Yes [X] No

Depth of Completed Well 263.2

Explosives Used [] Yes [X] No Type _____ Amount _____

Table with columns: Diameter, From, To, Material, SEAL (From, To), sacks or pounds. Rows include bent chips and cement.

How was seal placed: Method [] A [] B [X] C [] D [] E

[X] Other bent chips poured-probed

Backfill placed from _____ to _____ Material _____

Gravel placed from 177 to 280 Size of gravel 8-12 sand

(6) CASING/LINER:

CASING:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for 12", 8", 8", 8" casing.

LINER:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Row for 8" liner.

Drive Shoe used [] Inside [X] Outside [] None

Final location of Shoe(s): 280' cut off

(7) PERFORATIONS/SCREENS:

[] Perforations Method: _____ [X] Screen Type: v-wire Material: stainless 304

Table with columns: From, To, Slot Size, No., Diameter, Tele/pipe size, Casing Liner. Rows for 180.6, 186.1, 226.6.

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

[X] Pump [] Bailer [] Air [] Flowing Artesian

Table with columns: Yield gpm, Drawdown, Drill Stem at, Time. Rows for 226 and 216 gpm.

Temperature of water 55 Depth Artesian Flow Found _____

Was a water analysis done? _____ By whom: _____

Did any strata contain water not suitable for intended use? (explain)

Depth of Strata: _____

ARROW DRILLING 503-538-4422

(9) LOCATION OF WELL by legal description:

County: clack Latitude: _____ Longitude: _____ Township: 3S Range: 1E Section: 30 SW 1/4 NE 1/4 Tax Lot: 500 Lot: _____ Block: _____ Subdivision: _____ Street Address of Well (or nearest address) intersection of Browndale and Glass Roads

(10) STATIC WATER LEVEL:

110 Ft. below land surface Date 4/19/03 Artesian pressure _____ lb. per sq. in. Date _____

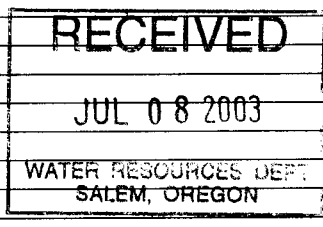
(11) WATER BEARING ZONES:

Table with columns: From, To, Est. Flow Rate, SWL. Rows for 90, 187, 238.

(12) WELL LOG:

Ground Elevation: _____

Table with columns: Material, From, To, SWL. Rows for top soil, brown silty sand, green/blue clay, etc.



Date Started: 3/13/03

Completed: 4/19/03

(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 _____ 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 [Signature] WWC Number 1483 Date 7/5/03