

Westerberg Drilling, Inc.
36728 S. Kropf Rd.
Molalla, OR 97038

WELL I.D. # L 65643
 START CARD # 155751

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 MOANA NURSERY
 Address 24395 S. BARLOW 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 358 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	128	Cement	2	128	128 sacks
8"	128	358	Bentonite	0	2	2 sacks

How was seal placed: Method A B C D E
 Other Bentonite placed dry

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 242 ft. to 358 ft. Size of gravel 10/20

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+1	270	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
riser 5"	242	272	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: blank 5"	277.5	286	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
tail 5"	344	358	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 8" shoe @ 270 5" shoe on top of riser

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type V-wire Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
272	277.5	.030		5"	PS	<input type="checkbox"/>	<input type="checkbox"/>
286	344	.030		5"	PS	<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
200	51'		1 hr.
400	135'		6-hr.
200	78'		8-hr.

Temperature of water 55° 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 4S N or S Range 1E E or W. WM.
 Section 6 NE 1/4 SE 1/4
 Tax Lot 1500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) NO ADDRESS ON S. ANDERSON RD.

(10) **STATIC WATER LEVEL:**
64 ft. below land surface. Date 7-29-03
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 30'

From	To	Estimated Flow Rate	SWL
All sand & gravel layers below static water level.			64'

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(12) **WELL LOG:** WATER RESOURCES DEPT SALEM, OREGON
 Ground Elevation _____

Material	From	To	SWL
soil	0	1	
clay brown	1	6	
cemented gravel	6	30	
sand & gravel	30	50	
sand black	50	60	
clay grey sticky	60	62	
clay brown	62	65	
clay grey	65	74	
packed silt grey	74	85	
clay grey	85	90	
packed silt grey	90	95	
sand grey	95	98	
clay grey	98	110	
clay green	110	135	
clay grn w/ packed sand	135	142	
gritty clay green & gry	142	155	
clay w/ packed sand	155	167	
green clay	167	171	
continued on page 2			

Date started 7-8-03 Completed 8-4-03

(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.
 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 688
 Signed Stu N. Stach Date 8-11-03



36728 S. Kropf Rd., Molalla, OR 97038 • Phone: (503) 829-2526 FAX (503) 829-7514

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WELL ID# L 65643

OWNER: MOANA NURSERY

ADDRESS: 24395 S. BARLOW RD.

CITY/STATE/ZIP: CANBY, OR 97013

WELL ADDRESS: NO ADDRESS ON S. ANDERSON RD.

COUNTY CLACKAMAS

TOWNSHIP 4S

RANGE 1E

SECTION 6

NE 1/4

SE 1/4

TAX LOT 1500

(11) WATER BEARING ZONES CONT'D FROM PREVIOUS PAGE:

FROM	TO	ESTIMATED FLOW RATE	SWL

(12) WELL LOG INFO. CONT'D FROM PREVIOUS PAGE:

MATERIAL	FROM	TO	SWL
clay grey	171	177	
clay green	177	212	
clay green w/ wood	212	215	
clay grey	215	217	
sand & fine gravel	217	222	
clay grey sticky	222	255	
sand grey coarse & small gravel	255	258	
clay grey	258	273	
coarse sand & small gravel w/ clay	273	276	
clay grey hard	276	288	
sand grey, red fine w/ streaks of clay	288	298	
clay grey	298	300	
sand black	300	310	
clay brown hard	310	315	
sand black	315	322	
clay brown hard	322	327	
sand	327	331	
clay & packed silt	331	338	
sand	338	342	
clay brown & grey	342	358	

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 SALEM, OREGON