

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 64171

START CARD # 159650

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

(1) LAND OWNER Well Number _____
 Name DOUG & BARBARA SOLDIVAR
 Address 26521 E. PLAZA TRAIL
 City WELCHES State OR Zip 97067

(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 156 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16"	0	6	Cement	0	6	8 sks
12"	6	50	Cement	0	50	78 sks
8"	50	156				

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
	14"	+1	6	250		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8"	+1	156	250		<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"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) @156'

(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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
100+		140	1 hr.
100+		100	"
50		50	"

Temperature of water 53°F Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom AMJ
 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 7E E or W. WM
 Section 8 NE 1/4 NE 1/4
 Tax Lot 1100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 26521 E. PLAZA TRAIL WELCHES, OR.

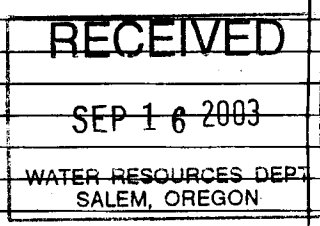
(10) STATIC WATER LEVEL:
34 ft. below land surface. Date 08/25/03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
115	156	100+	34

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Brown clay w/boulders	1	9	
Sand & gravel	9	35	
Gray clay	35	44	
Sand & gravel	44	61	
Blue-gray clay	61	74	
Gray-brown clay	74	87	
Sand & gravel	87	156	34



Date started 08/08/03 Completed 08/25/03

(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 [Signature] WWC Number 1805 Date 09/05/03

(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 573 Date 09/05/03