

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

WELL I.D. # L75332

START CARD # 172753

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

(1) LAND OWNER Name BILL COIT Well Number Address 410 S.W. EDGECLIFF DRIVE City PORTLAND State OR Zip 97219

(2) TYPE OF WORK [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment [] Conversion

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Other

(4) PROPOSED USE [X] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION Special Construction: [] Yes [X] No Depth of Completed Well 765 ft. Explosives used: [] Yes [X] No Type Amount

Table with columns: BORE HOLE Diameter, From, To, Material, SEAL From, To, Sacks or Pounds. Row 1: 10, 0, 283, Cem/Bent, 2, 283, 47sks w/gel

How was seal placed: Method [] A [X] B [X] C [] D [] E 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. Casing: 6", +2, 284, 250, [X], [], [X], [] Liner: 4 1/2, 265, 765, PVC-160, [], [X], [X], []

Drive Shoe used [] Inside [] Outside [X] None Final location of shoe(s) 4in FPT @265

(7) PERFORATIONS/SCREENS [X] Perforations Method Drill [] Screens Type Material PVC-160

Table with columns: From, To, Slot Size, Number, Diameter, Tele/pipe size, Casing, Liner. Row 1: 745, 765, 80, 80, 1/2, Pipe, [], [X]

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Row 1: 35-40, 745-765, 1hr. Row 2: 35, 720, 1hr. Row 3: 20-25, 620, 1hr. Row 4: 18, 500, 1hr.

Temperature of water 50°F Depth Artesian Flow Found Was a water analysis done? [X] Yes By whom Did any strata contain water not suitable for intended use? [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata:

(9) LOCATION OF WELL (legal description) County CLACKAMAS Tax Lot 1601 Lot Township 2S N or S Range 1E E or W WM Section 2BB NW 1/4 NW 1/4 Lat Long

Street Address of Well (or nearest address) 410 SW EDGECLIFF DRIVE, PORTLAND, OR

(10) STATIC WATER LEVEL 286 ft. below land surface. Date 3-28-05 Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 630, 645, 20-25 gpm, 286 Row 2: 645, 720, 15gpm, 286

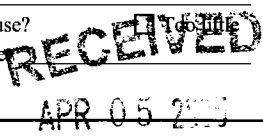
(12) WELL LOG Table with columns: Material, From, To, SWL. Rows include: Fill sand (0-4), Brn cly w/occ boulders (4-6), Basalt boulders/blocks w/clay (6-8), Gry/gry-blk basalt occ hard (8-80), Gry-blk basalt/lava interbeds (80-105), Gry/blk basalt, hard, occ lava (105-230), Red, orange, purple cly & rotten rock (230-250), Brn basalt, soft w/clys (250-276), Gryblk basalt, hard (276-373), Brn&blk basalt & lava (373-390), Blk&gry-blk basalt (390-495)

(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, 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 Date Signed

(bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, 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 573 Date 3-30-05 Signed



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

WELL I.D. # L 75323

START CARD # 172753

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

(1) LAND OWNER Well Number _____
Name BILL COIT PG. #2
Address _____
City _____ State _____ Zip _____

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well _____ ft.
Explosives used: Yes No Type _____ Amount _____

BORE 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 _____

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casing:					<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"/>

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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

Temperature of water _____ Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom APR 05 2005
Did any strata contain water not suitable for intended use? Too High
 Salty Muddy Odor Colored Taste
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County _____
Tax Lot _____ Lot _____
Township _____ N or S Range _____ E or W WM
Section _____ 1/4 _____ 1/4
Lat _____ ° _____ ' _____ " or _____ (degrees or decimal)
Long _____ ° _____ ' _____ " or _____ (degrees or decimal)
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL
_____ ft. below land surface. Date _____
_____ 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

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Continued from pg#1:			
Blk & red basalt	495	515	
Gry-blk basalt, occ frags.	515	720	286
Red basalt	720	738	"
Gry-blk basalt	738	765	286

Date Started _____ Completed _____

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 _____ Date _____
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 573 Date 3-30-05
Signed [Signature]

RECEIVED

APR 05 2005
WATER RESOURCES DEPT
SALEM, OREGON