

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

WELL I.D. # L 17540

START CARD # W-174796

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

(1) **LAND OWNER** Well Number 18-05
 Name Willamette View, Inc.
 Address 13021 SE Oatfield Road
 City Milwaukie State Oregon Zip 97222

(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 142 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
12	0	29	Bentonite	0	16	32 sacks
8	29	142	Cam.Gr.w/ 4% ben.	16	29	24 sacks

How was seal placed: Method A B C D E
 Other Bentonite-poured
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	+1	30	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	22	142	188	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS**
 Perforations Method Skill saw
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
123	141	1/8x7	75			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
110	65		6 hours

Temperature of water 53 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 (legal description)**
 County Clackamas
 Tax Lot 1500 Lot _____
 Township 2 S Range 1 E WM
 Section 2 ne 1/4 sw 1/4
 Lat _____ or _____ (degrees or decimal)
 Long _____ or _____ (degrees or decimal)

Street Address of Well (or nearest address) nearest 13240 SE Laurie
Milwaukie, Oregon 97222

(10) **STATIC WATER LEVEL**
37 ft. below land surface. Date 9-16-05
 _____ 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
138	142	110	37

(12) **WELL LOG** Ground Elevation _____

Material	From	To	SWL
Fill material	0	2	
Clay-silty-brown	2	16	
Clay-sandy-brown	16	19	
Basalt-weathered-grey	19	22	
Basalt-grey-hard	22	59	
Basalt-brown	59	76	
Basalt-grey	76	138	
Basalt-vesiculated-grey	138	142	37

RECEIVED
 NOV 04 2005
 WATER RESOURCES DEPT.
 SALEM, OREGON
 Date Started 8-23-05 Completed 9-16-05

(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 1 Date 10-14-05
 Signed Ronald L. McBratney