

(1) OWNER: Well No. L68343
Name DOANE CREEK NURSERY
Address 34650 SE CALICO ROAD
City BORING St OR Zip 97009

(9) LOCATION OF WELL by legal description:
County CLACKAMAS Lat. ° ' " Long. ° ' "
Township 1 S Range 3 E WM.
Section 34 NE 1/4 NW 1/4
Tax Lot 400 Lot Block Subdivision
Street Address of Well (or nearest Address)
34650 SE CALICO ROAD BORING, OR 97009

(2) TYPE OF WORK: NEW WELL
(3) DRILL METHOD: ROTARY AIR
(4) PROPOSED USE: IRRIGATION

(10) STATIC WATER LEVEL:
265 ft. below land surface. Date 12/05/05
Artesian pressure _____ lb per square in. Date _____

(5) BORE HOLE CONSTRUCTION:
Special Construction Approval NO Depth of Compl. Well 500 ft
Explosives used NO Type Amount
HOLE SEAL
Diam. From To Material From To Amount
14 0 70 CEMENT 0 70 55 SACKS
12 70 290 CEMENT 200 290 70 SACKS
10 290 500

(11) WATER BEARING ZONES:
Depth at which water was first found 40
From To Est Flow Rate SWL
40 50 20 GPM 35
400 500 150+ GPM 265

Seal placement method C&SET PLUG&PUSH
Backfill: from _____ ft to _____ ft Material _____
Gravel: from _____ ft to _____ ft Size _____

(12) WELL LOG:
Material Ground elevation From To SWL
TOP SOIL 0 2
RED CLAY 2 40
LIGHTLY CEMENTED GRAVEL WITH BOULDERS 40 220 35
ROCK 220 240
LIGHTLY CEMENTED GRAVEL W/LARGE BOULDERS 240 489 265
GRAVEL & BLUE CLAY 489 495 265
BLUE CLAY 495 500 265

(6) CASING/LINER:
Diam. From To Gauge Material Connection
Casing 10 +1 290 .250 STEEL WELDED
8 0 390 .250 STEEL WELDED
Liner 6 380 500 .250 STEEL WELDED

TED PULLIAM WELL DRILLING
9480 S.E. 172nd
Boring, Oregon 97009
503-665-3353
Date started 11/12/05 Completed 12/05/05

Final Location of shoe(s) 290' 9.5"; 390' 7.5" TUBX

(7) PERFORATIONS/SCREENS:
[X] Perf. Method TORCH
[_] Screens Type Material
Slot Tele/pipe
From To Size Number Diam. Size Casing/liner
420 500 1/8X6 500 _____ LINER

(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 my best knowledge and belief.
Signed _____ WWC Number _____
Date _____

(8) WELL TESTS: Minimum testing time is 1 hour
Test type AIR
Yield GPM Draw-down Drill stem at Time
150 _____ 500 1 hr.
150 _____ 500 2 hr.
Temperature of water 51F Depth Artesian Flow Found _____
Was water analysis done? NO By whom _____
Reason for water not suitable for use _____
Depth of strata _____

(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 *Ted Pulliam* WWC Number 616
Date 12/31/05

