

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

(WELL I.D.)# L 72471

(START CARD) # 168792

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

(1) OWNER: Well Number 1
 Name Elsinore Development Group LLC
 Address 19480 SW 97th Ave
 City Tualatin State OR Zip 97062

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14	0	18	cement	0	18	30sks
10	18	122				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from 96 ft. to 122 ft. Material slough
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10	+1.6	97.8	.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"/>

Final location of shoe(s) 97

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
69	76	3/8x3	72			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Perforations Method Mills Knife
 Screens Type _____ Material _____

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
100	38		1 hr.
100	48		9 hr

Pump Bailer Air Flowing
 Artesian

Temperature of water ~55F 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 3 S Range 1 W WM.
 Section 28 SW 1/4 SW 1/4
 Tax Lot 1201 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) near 24884 Butteville Rd NE

(10) STATIC WATER LEVEL:
3 ft. below land surface. Date 5/22/06
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 41

From	To	Estimated Flow Rate	SWL
41	43	10+/-	3+/-
53	56	10+/-	3+/-
70	75	see (8)	3+/-

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
top soil, brown	0	2	
Clay, brown, soft	2	8	
Clay, grey, soft	8	18	
Clay, grey, soft, silty-sandy	18	41	
Gravel, 1" - & sand, med-coarse	41	43	
Clay, blue-grey, soft, sandy	43	53	
Gravel, 1.5" - & clay, grey, med, sandy	53	56	
Clay, blue-grey, med & some hard	56	64	
Clay, green, med, sandy w/some gravel, sm	64	69	
Clay, grey, hard	69	70	
Gravel, 2" - & sand, med-crse	70	75	
Clay, grey & brown, med	75	81	
Clay, blue, med w/some gravel, 1"	81	85	
Clay, grey & brown, med	85	104	
Clay, grey, med-soft	104	108	
Clay, grey, med-soft	108	122	

Date started 4/17/06 Completed 5/22/06

(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 1367
 Date 6/19/06

(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 649
 Date 6/19/06

