CLAC 63540

STATE OF OREGON Arrow 07-023
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL ID # L 78443
START CARD # 192656

(1) LAND OWNER:
Well Number: _____
Name: Sean Tyler Keys, llc
Address: 17933 Nw Evergreen Pkwy, Suite 300
City: Beaverton State: OR Zip: 97006

(2) TYPE OF WORK: (repair/recondition)
☒New Well ☐Deepening ☐Alteration ☐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 293'
Explosives Used ☐Yes ☒No Type _____ Amount _____

HOLE Diameter	From	To	Material	SEAL From	To	sacks or pounds
12"	0	158	bent chps	0	17	38 scks
			cement	17	158	64 scks
8"	158	293				

How was seal placed: Method ☐A ☐B ☒C ☐D ☐E
☒ Other bent poured-probed
Backfill placed from _____ to _____ Material _____
Gravel placed from _____ to _____ Size of gravel _____

(6) CASING/LINER:
CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8"	+20"	158	.250	☒	☐	☒	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

LINER:

6"	146	293	.250	☒	☐	☒	☐
				☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of Shoe(s): 8" 158' 6" top and bottom of liner

(7) PERFORATIONS/SCREENS:
☒Perforations Method: mill slotted
☐Screen Type: _____ Material: _____

From	To	Slot Size	No.	Tele/pipe Diameter	size	Casing	Liner
243	293	1/8x3	912	6"	pipe	☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gpm	Drawdown	Drill Stem at	Time
90+	N/A	290	1 hr.
90+	N/A	250	2 hrs.

Temperature of water 54 Depth Artesian Flow Found _____
Was a water analysis done? yes By whom: Arrow
Did any strata contain water not suitable for intended use? (explain)

Depth of Strata: _____

ARROW DRILLING 503-538-4422

(9) LOCATION OF WELL by legal description:
County: Clack Latitude: _____ Longitude: _____
Township: 3S Range: 1E
Section: 08 NE ¼ NE ¼
Tax Lot: 101 Lot: _____ Block: _____ Subdivision: _____
Street Address of Well (or nearest address) 2882 Homesteader Rd
Wilsonville, OR

(10) STATIC WATER LEVEL:
130 Ft. below land surface Date 5/16/07
Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 177'

From	To	Est. Flow Rate	SWL
177	293	90+ gpm	130'

(12) WELL LOG: Ground Elevation: _____

Material	From	To	SWL
gravel fill	0	2	
compacted soil	2	4	
clay brwn/cobbles/boulders	4	17	
clay gray stiff w/occ rock	17	39	
basalt gray/brwn wthd w/occ clay gray/brwn	39	68	
basalt gray med-hrd	68	80	
basalt gray/brwn med wthd	80	131	
basalt gray hrd	131	145	
basalt gray/blk hrd	145	177	
basalt gray/brwn vesic	177	188	
basalt gray hrd	188	192	
basalt brwn/red/gray vesic bkn	192	208	
basalt gray hrd fract occ brwn	208	241	
basalt brwn/red vesic	241	255	
basalt brwn/red bkn fract	255	270	
basalt gray/blk hrd fract	270	293	

RECEIVED
JUN 05 2007
WATER RESOURCES DEPT
SALEM, OREGON

Date Started: 5/11/07 Completed: 5/16/07

(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.

WWC Number _____
Signed _____ Date _____

(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.

WWC Number 1483
Signed _____ Date 5/21/07

ORIGINAL - Water Resources Department FIRST COPY - Constructor SECOND COPY - Customer