State of Oregon WATER WELL REPORT (as required by ORS 537.765)

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State Well ID L92156 Start Card # 190988

	OWNER: Name Address City		E LUST	LC STRATTO	ON/JOHNS			2156 Zip 97080	(9) LOCATION OF WE County CLACK Township 1 S Section 26 Tax Lot 5200	Lat. ° ' Range SW	1 E W	_	° ı ı	ı
(2) TYPE OF WORK: NEW WELL									Street Address of Well (or nearest Address) 36695 SE PROCTOR ROAD BORING, OR 97009					
(3) DRILL METHOD: ROTARY AIR (4) PROPOSED USE: IRRIGATION									(10) STATIC WATER LEVEL: 318 ft. below land surface. Date 01/16/08 Artesian pressure lb per square in. Date					
(5)	Diam. 14 9 5/8		tion / NO To 62 350	N: Approval Type Material CEMENT	SE/	_	Amoui To 62	Amount 75 SACKS 20 SACKS	(11) WATER BEARING		t found 19 Est Fl	97 low Rate		SWL 127 318
	Seal pla	cement m	ethod	C&SET PL	UG&PUSH				(12) WELL LOG:					
	Backfill: from ft to ft Material								Ground elevation					
	Gravel: from ft to ft Size _					Size			!	Material		From	To	SWL
									TOP SOIL			0 2	2 34	
(6)	CASING/L Diam			- 0				Connection	BROWN CLAY BROWN CEMENTED	CDAVEL		34	69	
Cae	ing 8			o Gaug				WELDED	MEDIUM MULTI-COLORED GRAVEL			69	120	
Casing 8 +2 350 .250 STEEL WELDED 6 +1 424 .250 STEEL WELDED						COARSE MULTI-C			120	182				
0 +1 424 .250 STEEL WILDED					WEEDED	MEDIUM MULTI-C			182	194				
								-	-!	ITH SEAMS OF CLAY		194	261	127
Liner									MEDIUM MULTI-C			261	320	
									MEDIUM MULTI-C	OLORED GRAVEL WIT	Н	320		
Final Location of shoe(s) 7.5"TUBEX@350';5.5"@424'									BLACK SAND				332	
									MEDIUM HARD BL	ACK BASALTS		332	3 62	
(7)	PERFORATIONS/SCREENS:								MULT1-COLORED	GRAVEL W/COARSE S	AND	362	400	318
	[X] Perf. Method AIR KNIFE								HEAVING BROWN	SAND		400	424	
	[_] Screens Type Material													
			Slot			Tel	e/pip	e						
			Size	Number	Diam.	Siz	e	Casing/liner						
	360	400	1/8x2	600				CASING	<u> </u>					
									_ Date started 1	1/26/07	Complet	ed 01/	17/08	
(8)	WELL TESTS: Minimum testing time is 1 hour Test type AIR Draw- Drill stem								(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or aband- onment 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. WWC Number					
	Yield GPM down at					- 5 (61)	•	Time	Signed				- Indiabel	
	100	••			400			1 hr.						
	Temperature of water 54F Depth Artesian Flow Was water analysis done? NO By whom								(bonded) Water Well Constructor Certification: I ac sibility for the construction, alteration, or aband performed on this well during the construction dat above. All work performed during this time is in c with Oregon water supply well construction standard report is true to the best of my knowledge and belie					t work ported ance
	Reason for water not suitable for use								\perp \downarrow	. //	_		Number	
	Depth of strata RECEIVED							En	Signed	ue Was	ner	Date	01/25	/08
_					-FX E	UΕ	₩.	EU -						

ORIGINAL & FIRST COPY - WATER RESOURCES DEPTARTMENT

SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER

9809C 10/91

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WATER RESOURCES DEPT SALEM. OREGON

Olsen-Pulliam Well Drlg PO Box 505 Gresham Or 97030 503-665-3353