

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 102916

START CARD # 204908

(1) LAND OWNER Owner Well I.D. _____

First Name VERNON Last Name BRUCK
 Company _____
 Address PO BOX 2837
 City WILSONVILLE State OR Zip 97070

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
 Depth of Completed Well 620 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	lbs
14	0	40	Cement	0	280	105	S
12	40	100	Cement	501	537	13	S
10	100	280					
6.62	280	400					

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	3	537	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf/S	Casing/	Screen	Scrns/slot	Slot	# of	Tele/
green	Liner	Dia	width	length	slots	pipe size

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
60		618	2

Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)
 From _____ To _____ Description _____ Amount _____ Units _____

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(9) LOCATION OF WELL (legal description)

County CLACKAM Twp 3 S N/S Range 1 E E/W WM
 Sec 18 1/4 of the _____ 1/4 Tax Lot _____
 Tax Map Number _____ Lot _____
 Lat _____ " or 45.30555556 DMS or DD
 Long _____ " or 122.72527778 DMS or DD
 Street address of well Nearest address

29500 BRUCK LANE WILSONVILLE OR 97070

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening			
Completed Well	06-04-2010		72

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 14

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
05-10-2010	16	19	10		14
05-12-2010	49	77	1		
05-14-2010	170	177	25		84
06-04-2010	537	620	60		72

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	3
Silty brown clay	3	16
Very fine sandy blue and gray clay soft	16	19
Brown silt	19	31
Gray sandy clay	31	49
Brown sandy clay	49	77
Brown and tan clay with small gravels	77	85
Gray clay	85	106
Red blue gray and tan sandy clay	106	170
Fine dark sand	170	177
Firm sandy clay light green	177	190
Dark gray sandy clay	190	230
Gray and green clay	230	406
Soft blue clay	406	425
Soft gray clay	425	490
Soft red clay	490	501
Tan and brown clay with trace of brown basalt	501	525
Brown basalt firm	525	529

continued on next page

Date Started 05-10-2010 Completed 06-04-2010

(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.

License Number 1629 Date 06-09-2010

Password: (if filing electronically) _____
 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.

License Number 1273 Date _____

Password: (if filing electronically) _____
 Signed Floyd Sapp
 Contact Info (optional) _____

CLAC 66879

**WATER SUPPLY WELL REPORT -
continuation page**

WELL I.D. # L 102916

START CARD # 204908

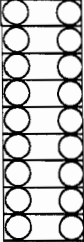
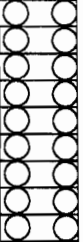


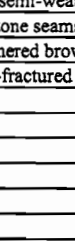
(5) BORE HOLE CONSTRUCTION

BORE HOLE			Material	SEAL		sacks/ lbs
Dia	From	To		From	To	
8	400	537				
5.5	537	620				

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
									

(7) PERFORATIONS/SCREENS

Perf/S reen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

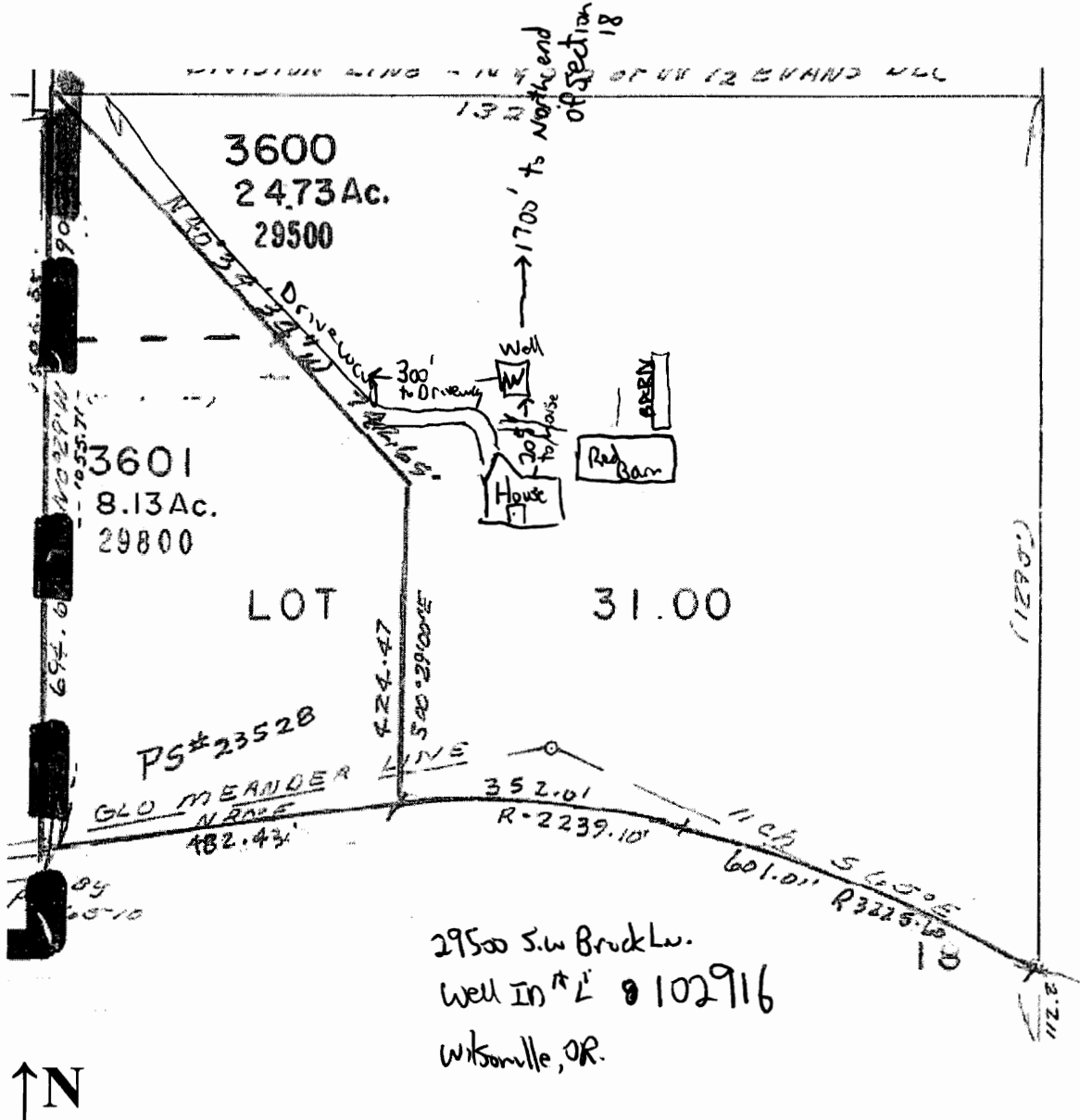
(11) WELL LOG

Material	From	To
Gray basalt	529	537
Gray semi-weathered basalt with hard thin blue claystone seams	537	602
Weathered brown basalt	602	616
Semi-fractured dark gray basalt	616	620

Comments/Remarks

RECEIVED
 JUN 1 2010
 WATER RESOURCES DEPT
 SALEM, OREGON

EXEMPT USE WELL LOCATION MAP



Clackamas County

Assessor Map Reference Number: 3S 1E 18 SENW; Tax Lot 3600.

Street Address of Well, if Available: 29500 Bruck Lane, Wilsonville, OR.

Well Log #: CLAC 66879. Well Label (ID Tag) #: L 102916. (Please Locate Well and Indicate distance From Property or Survey Corner, See Attached Sample Well Location Map.) You may also locate your well using our exempt use well mapping tool on our website at www.wrd.state.or.us/OWRD/exempt_use_788_info.shtml or by contacting the Exempt Use Well Program Coordinator at 503 986-0861.

MAP NOT TO SCALE

RECEIVED

JUN 22 2010

LAND OWNER SUBMITTED MAP WATER RESOURCES DEPT
SALEM, OREGON