

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

WELL I.D. LABEL# L 7380
START CARD # 1030311
ORIGINAL LOG # CLACKAMAS 51552

(1) LAND OWNER
Owner Well I.D.
First Name Last Name
Company HOLMLUND NURSERY
Address 29285 SE HWY 212
City BORING State OR Zip 97009

(2) TYPE OF WORK
New Well Deepening Conversion
[X] Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing:
Material From To Amt sacks/lbs
Seal:

(3) DRILL METHOD
[X] 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 540 ft.
BORE HOLE
Dia From To Material SEAL From To Amt sacks/lbs

How was seal placed: Method A B C D E
Other
Backfill placed from ft. to ft. Material
Filter pack from -20 ft. to 540 ft. Material GRAVEL Size PEA
Explosives used: Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe Inside Outside Other Location of shoe(s)
Temp casing Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type .008 Material STAINLESS
Perf/S Casing/Screen Dia From To Scrm/slot Slot # of Tele/
screen Liner Dia From To 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)
Temperature °F Lab analysis Yes By
Water quality concerns? Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County CLACKAMAS Twp 2 N/S Range 4 E E/W WM
Sec 10 NW 1/4 of the NE 1/4 Tax Lot 00100
Tax Map Number Lot
Lat " or " DMS or DD
Long " or " DMS or DD
Street address of well Nearest address
NEAR 35563 SE KELSO ROAD BORING OR 97009

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 04-20-2016
Flowing Artesian? Dry Hole?
WATER BEARING ZONES
Depth water was first found
SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG
Ground Elevation
Material From To
WELL WAS PRODUCING SAND, INSTALLED
SCREENS IN WELL AND GRAVEL PACKED.
ORIGINAL WELL LABEL L07380, START CARD
92435
RECEIVED BY OWRD
MAY 20 2016
SALEM, OR
Date Started 04-18-2016 Completed 04-20-2016

(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 Date
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 1738 Date 05-18-2016
Signed
Contact Info (optional) OLSEN-PULLIAM WELL DRLG 503-665-3353