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

(WELL I.D.)# L 73662

(START CARD) # 175661

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

(1) OWNER: Well Number 2

Name MIKE ALLBRIDGE /MAYFAIR MORAGE

Address 15500 NW FERRY RD

City PORTLAND State OR Zip 97231

(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 105 ft.

Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10	0	30	BENTANITE	0	30	20 BAGS	
6	30	50					

How was seal placed: Method A B C D E

Other POUR

Backfill placed from _____ ft. to _____ ft. Material SIL. SAND

Gravel placed from 80 ft. to 60 ft. Size of gravel 10-20

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+1	50	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: XXX				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 50

(7) PERFORATIONS/SCREENS:

Perforations Method _____

Screens Type PVC Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	60	20		4.5	4.5	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30 GPM	50		1 hr.

Temperature of water 52 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 MULT. Latitude _____ Longitude _____

Township 2N N or S Range 1W E or W WM

Section 17 NW 1/4 NW 1/4

Tax Lot 409 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 15500 FERRY RD NW

PORTLAND OR

(10) STATIC WATER LEVEL:

20 ft. below land surface.

Date 1 OCT 05

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 20

From	To	Estimated Flow Rate	SWL
20	105	30 GPM	20

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
SAND BROWN DRY	0	20	
SAND BROWN WSILT	20	50	20
SAND GRAVAL GRAY	50	50.6	
SAND GRAY FINE GRAY	50.6	60	
SAND / GRAVAL GRAY	60	70	
SAND MED. CORSE GRAY	70	80	
SAND FINE BROWN	80	105	

RECEIVED

MAR 29 2010

RECEIVED

WATER RESOURCES DEPT
SALEM, OREGON

APR 22 2010

WATER RESOURCES DEPT
SALEM, OREGON

Date started 29 SEPT 05

Completed 1 OCT 05

(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 1480

Signed Mike Allbridge

Date 31 OCT 05

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WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

(WELL I.D.)# L **73662**
 (START CARD) # **175661**

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(1) OWNER: Well Number **2**
 Name **MIKE ALLBRIDGE /MAYFAIR MORAGE**
 Address **15500 NW FERRY RD**
 City **PORTLAND** State **OR** Zip **97231**

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

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 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 **105** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	30	BENTANITE	0	30	20 BAGS
6	30	50				

How was seal placed: Method A B C D E
 Other **POUR**
 Backfill placed from _____ ft. to _____ ft. Material **SIL. SAND**
 Gravel placed from **80** ft. to **60** ft. Size of gravel **10-20**

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Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
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Liner: XXX				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type **PVC** Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	60	20		4.5	4.5	<input type="checkbox"/>	<input type="checkbox"/>

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 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 **COL** Latitude _____ Longitude _____
 Township **2N** N or S Range **1W** E or W WM
 Section **17** NW 1/4 **NW** 1/4
 Tax Lot **409** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **15500 FERRY RD NW**
PORTLAND OR

(10) STATIC WATER LEVEL:
20 ft. below land surface. Date **1 OCT 05**
 Artesian pressure _____ lb. per square inch. Date _____

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 Depth at which water was first found **20**

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WATER RESOURCES DEPT
 SALEM, OREGON

Date started **29 SEPT 05** Completed **1 OCT 05**

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 WWC Number _____
 Signed _____ Date _____

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 WWC Number **1480**
 Signed *Am. Allb.* Date **31 OCT 05**