

STATE OF OREGON
MONITORING WELL REPORT
 (as required by ORS 537.765 & OAR 690-240-095)

BILL **OCT 25 1993**

2N/20E/25dd
 Start Card # *W-476/70*

WATER RESOURCES DEPT.
SALEM, OREGON

(1) **OWNER/PROJECT:** WELL NO. *3KA-2*
 Name *Chemical Wash Mat of the Northwest*
 Address *17629 Cedar Springs Lane*
 City *Arlington* State *OR* Zip *97812*

(6) **LOCATION OF WELL** By legal description
 Well Location: County *Gilliam*
 Township *T2* (N or S) Range *20* (E or W) Section *25*
 1. *SE* 1/4 of *SE* 1/4 of above section.
 2. Street address of well location *17629 Cedar Springs Lane*
Arlington, OR 97812
 3. Tax lot number of well location *2301*
 4. **ATTACH MAP WITH LOCATION IDENTIFIED.**

(2) **TYPE OF WORK:**
 New construction Repair Recondition
 Conversion Deepening Abandonment

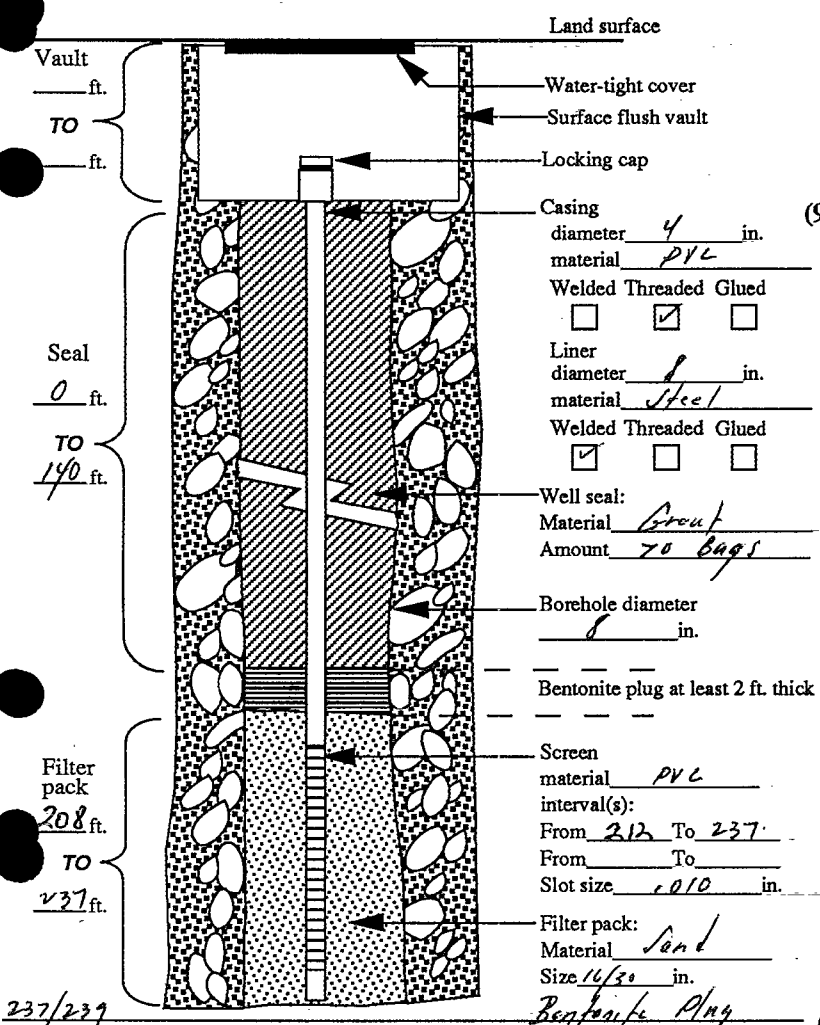
(3) **DRILLING METHOD**
 Rotary Air Rotary Mud Cable
 Hollow Stem Auger Other *Cone Drill*

(7) **STATIC WATER LEVEL:**
215 Ft. below land surface. Date *9/20/93*
 Artesian Pressure *—* lb/sq. in. Date *—*

(4) **BORE HOLE CONSTRUCTION**
 Special Standards Yes No Depth of completed well *239* ft.

(8) **WATER BEARING ZONES:**
 Depth at which water was first found *216'*

From	To	Est. Flow Rate	SWL
<i>216</i>	<i>239</i>	<i>1-2 GPM</i>	<i>215</i>



(9) **WELL LOG:** Ground elevation *?*

Material	From	To	SWL
<i>Rock Fill</i>	<i>0</i>	<i>3</i>	
<i>Brown Silty Stone</i>	<i>3</i>	<i>34</i>	
<i>Conglomerate</i>	<i>34</i>	<i>60</i>	
<i>Brown Sandstone/Silty Stone</i>	<i>60</i>	<i>120</i>	
<i>✓</i>	<i>120</i>	<i>140</i>	
<i>Silty Stone / Claystone</i>	<i>140</i>	<i>234</i>	
<i>Basalt</i>	<i>234</i>	<i>239</i>	

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Date started *8-31-93* Completed *9-23-93*

(5) **WELL TEST:**
 Pump Bailer Air Flowing Artesian
 Permeability _____ Yield *2-4* GPM
 Conductivity _____ PH _____
 Temperature of water *14.5 C* °F/C Depth artesian flow found _____ ft.
 Was water analysis done? Yes No
 By whom? _____
 Depth of strata to be analyzed. From _____ ft. to _____ ft.
 Remarks: _____

(unbonded) Monitor Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.

Signed _____ MWC Number _____
 Date _____

(bonded) Monitor 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 well construction standards. This report is true to the best of my knowledge and belief.

Signed *[Signature]* MWC Number *0238*
 Date *10-12-93*

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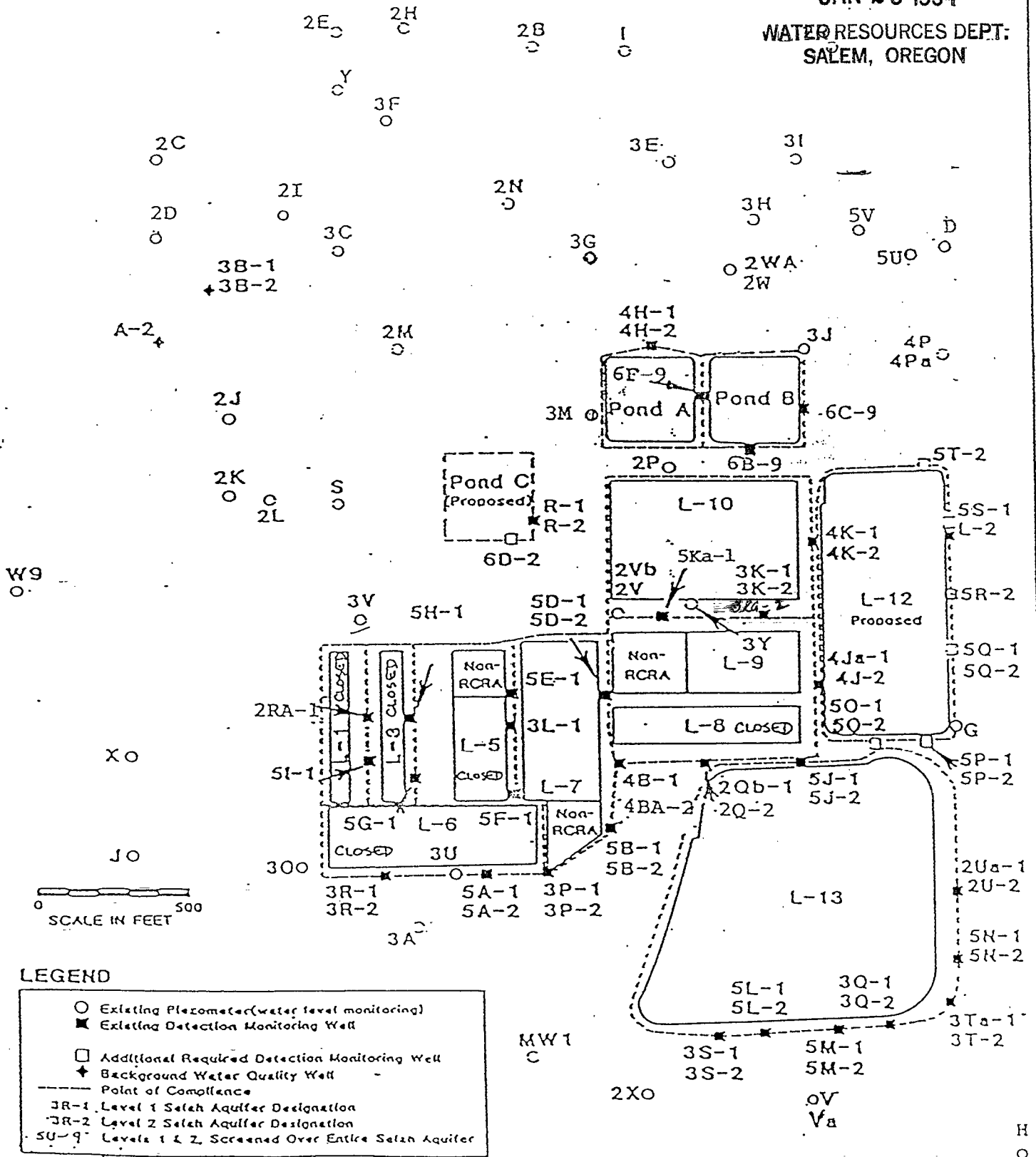


PLATE 1 GROUNDWATER MONITORING NETWORK

Revised May 30, 1990 and Nov. 2, 1990, and September 6, 1991