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MARI 55251

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NOV 21 2000
WATER RESOURCES DEPT.
SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765) WATER RESOURCES DEPT.
Instructions for completing this report are on the back of this form.

OCT 06 2000

WELL I.D. #1. 45374
START CARD # 128562

(1) OWNER: Well Number _____
Name CITY OF HUBBARD
Address 3720 2ND STREET
City HUBBARD State OR Zip 97032

(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 304 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

| Diameter | From | To | Material | From | To | Sacks or pounds |
|----------|------|-----|----------|------|-----|-----------------|
| 16 | 0 | 320 | CEMENT | 0 | 210 | 231 SACKS |

How was seal placed: Method A B C D E
 Other _____
Backfill placed from 304 ft. to 320 ft. Material CLAY SLOUGH
Gravel placed from 210 ft. to 304 ft. Size of gravel 8/12 & 6/8

(6) CASING/LINER:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 12 | +3 | 208 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10 | 208 | 228 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10 | 271 | 289 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10 | 297 | 304 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) 301 (16") CUT OFF

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Tele/piper size | Casing | Liner |
|---------|-----|-----------|--------|----------|-----------------|--------------------------|--------------------------|
| 228 1/2 | 254 | .070 | | 10" | p/s | <input type="checkbox"/> | <input type="checkbox"/> |
| 255 1/2 | 271 | .045 | | 10" | p/s | <input type="checkbox"/> | <input type="checkbox"/> |
| 289 1/2 | 297 | .070 | | 10" | p/s | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gals/min | Drawdown | Drill stem at | Flowing Time |
|----------------|----------|---------------|--------------|
| 100 | 19 | | 1 hr |
| 450 | 124 | | 5 hr |
| 350 | 96 | | 12 hr |

Temperature of water 54 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom NO
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 MARION Latitude _____ Longitude _____
Township 4S N or S Range 1W E or W. WM. _____
Section 33 NE 1/4 SE 1/4 _____
Tax Lot 3001 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
2701 PACIFIC HWY 99E, HUBBARD, OR

(10) STATIC WATER LEVEL:
63 ft. below land surface. Date 9-14-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 112'

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 112 | 142 | N/A | N/A |
| 229 | 294 | 450+ | 63 |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|------------------------------------|------|-----|-----|
| FILL DIRT & GRAVEL | 0 | 4 | |
| SILTY BRN SOIL | 4 | 22 | |
| SANDY SILT BRN | 22 | 47 | |
| SILTY CLAY GREY SANDY | 47 | 78 | |
| CLAY GREY STICKY | 78 | 84 | |
| CLAY GREY SANDY | 84 | 112 | |
| CLAY & GRAVEL | 112 | 121 | |
| CMTD GRVL GREY | 121 | 142 | |
| CLAY GREY STICKY | 142 | 168 | |
| CLAY GREY & BRN | 168 | 177 | |
| CLAY BLUE GRN STICKY | 177 | 194 | |
| CLAY GREY W/GRAVEL | 194 | 210 | |
| CLAY GREY SILTY | 210 | 217 | |
| CLAY GRN STICKY | 217 | 229 | |
| CEMENTED GRAVEL | 229 | 254 | |
| CLAY GREY | 254 | 259 | |
| CLAY GREY W/STRKS OF SAND & PUMICE | 259 | 268 | |
| CLAY GREY BLUE STICKY | 268 | 277 | |
| CONT. | | | |

Date started 7-24-00 Completed 9-20-00

(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 688
Signed Steven M. Stabile Date 9-28-00

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STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765) WATER RESOURCES DEPT. Instructions for completion of this report are on the back of this form.

WELL I.D. # L START CARD # 128562

(1) OWNER: Well Number Name CITY OF HUBBARD Address 3720 2ND STREET City HUBBARD State OR Zip 97032

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

(3) DRILL METHOD: [] Rotary Air [] Rotary Mud [X] Cable [] Auger [] Other

(4) PROPOSED USE: [] Domestic [X] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [] No Depth of Completed Well ft. Explosives used [] Yes [] No Type Amount

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds

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

Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner

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

Table for well tests with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water 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 MARION Latitude Longitude Township 4S N or S Range 1W E or W. WM. Section 33 NE 1/4 SE 1/4 Tax Lot 3001 Lot Block Subdivision Street Address of Well (or nearest address) 2701 PACIFIC HWY 99E

(10) STATIC WATER LEVEL: ft. below land surface. Date Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWI

(12) WELL LOG: Table with columns: Material, From, To, SWI. Includes 'RECEIVED' stamp and 'NOV 21 2000' date.

Date started 7-24-00 Completed 9-20-00

(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.

Signed WWC Number 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.

Signed Steve N. Steinhilber WWC Number 688 Date 9-28-00