MARI 63906

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

WELL LABEL # L 104065

START CARD # 207366

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company HILAND WATER CORP.

Address 23875 NE DILLON RD

City NEWBERG State OR Zip 97132

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud [ ] Reverse Rotary [ ] Other _____

(4) PROPOSED USE

[ ] Domestic [ ] Irrigation [X] Community [ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering [ ] Thermal [ ] Injection [ ] Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)

Depth of Completed Well 198 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
12	0	72	Bentonite	0	19	19	S
7.37	72	198	Cement	19	72	59	S

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

[X] Other Bentonite dry

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
(•)	( )	6	[X]	3	198	.250	(•)	( )	[X]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

Shoe [X] Inside [ ] Outside [ ] Other Location of shoe(s) 198

Temp casing [X] Yes Dia 12 From 0 To 68

(7) PERFORATIONS/SCREENS

Perforations Method Holte

Screens Type _____ Material _____

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	6	174	195	.2	1	504	

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

( ) Pump ( ) Bailer (•) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
250		198	4

Temperature 53 °F Lab analysis [ ] Yes By _____

Water quality concerns? [ ] Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 7 S N/S Range 2 W E/W WM

Sec 18 NE 1/4 of the SW 1/4 Tax Lot 7100

Tax Map Number _____ Lot _____

Lat ° ' " or _____ DMS or DD

Long ° ' " or _____ DMS or DD

(•) Street address of well ( ) Nearest address

2800 PHIPPS LANE NE SALEM, OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			[ ]	
Completed Well	10-10-2011		[ ]	22

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 17

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
09-28-2011	9	42	50		[ ]	11
09-29-2011	50	55	200		[ ]	13
10-10-2011	77	198	250		[ ]	22
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil with gravel	0	2
Brown clay with some silt	2	9
Blue silt	9	42
Blue clay	42	50
Semi-cemented sand and gravel	50	55
Soft gray and brown clay and gravel	55	77
Sand	77	90
Brown sand and gravel	90	119
Semi-tight brown and gray sand and gravel with some loose seams	119	198

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OCT 13 2011
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 09-27-2011 Completed 10-10-2011

(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 10-11-2011

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 10-11-2011

Password : (if filing electronically) ****

Signed Floyd Sippel

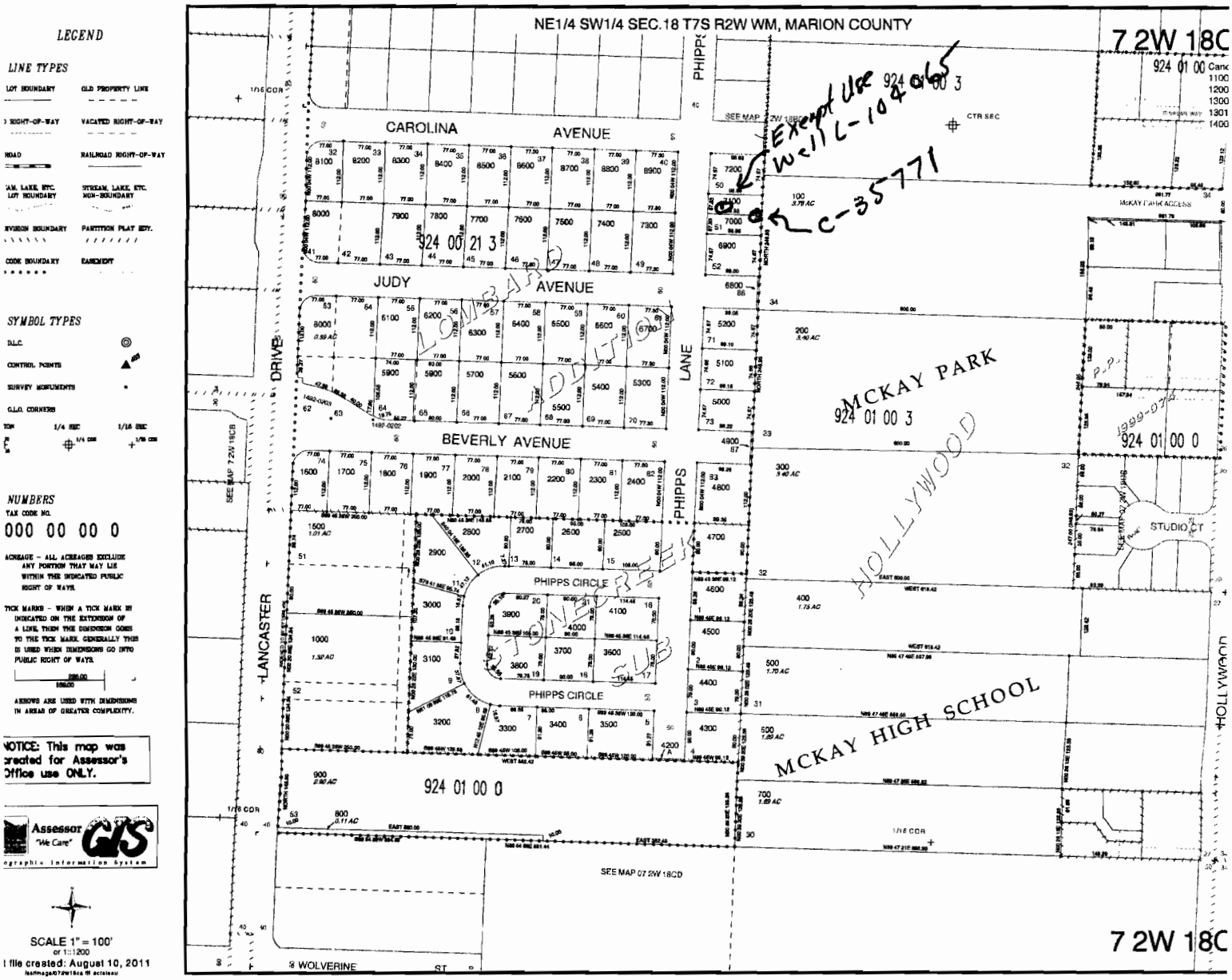
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.95

MARI 63906



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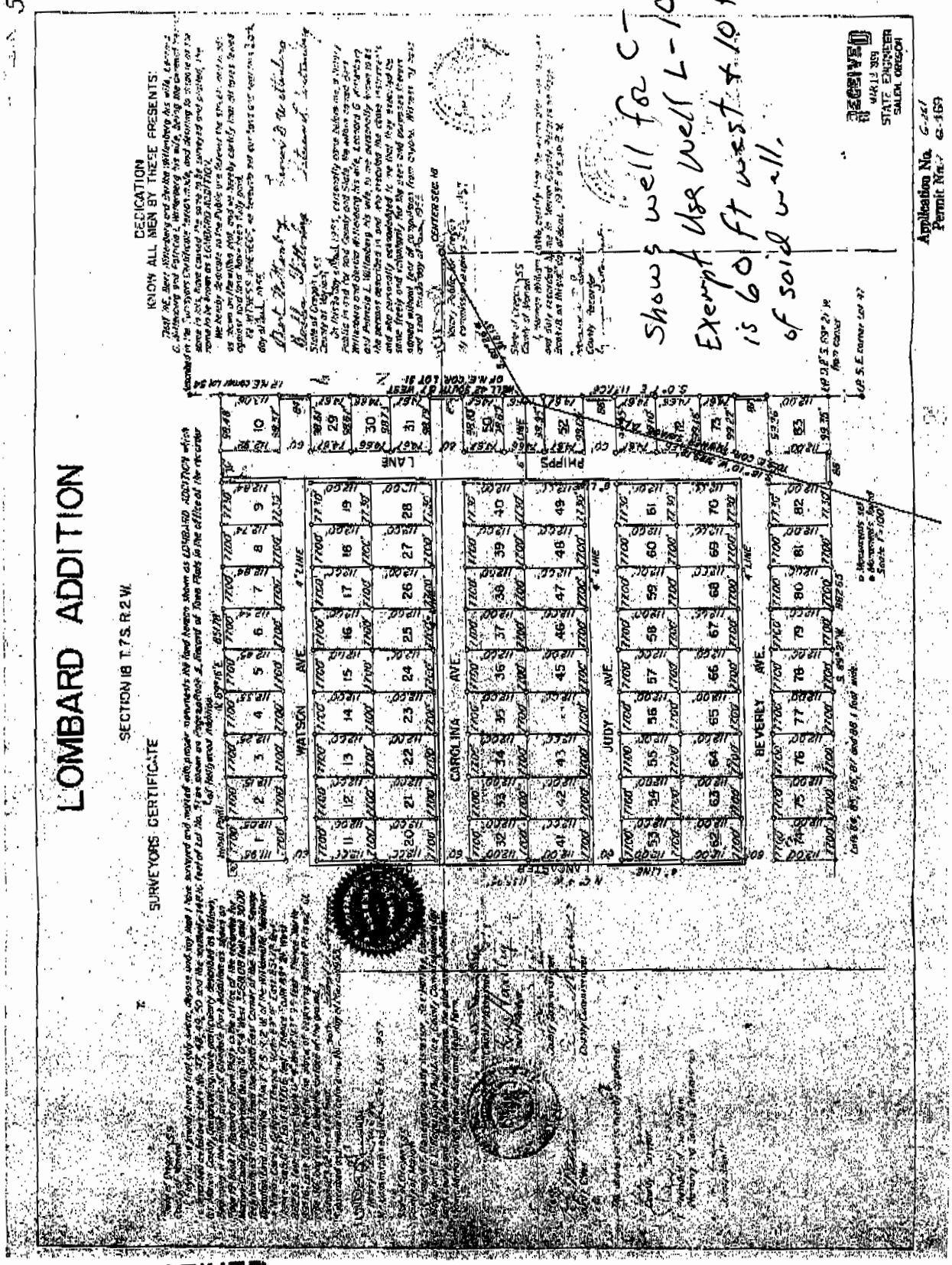
NOV 17 2011

WATER RESOURCES DEPT
SALEM, OREGON

OWNER SUBMITTED MAP



Shows well for C-35771.
Exempt Use Well L-10465
is 60 ft west + 10 ft north
of said well.

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NOV 1 2 2011

WATER RESOURCES DEPT
SALEM, OREGON

LAND OWNER SUBMITTED MAP