

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL# L 118503

START CARD # 201797

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name
Last Name
Company SESTER FARM INC.
Address 33205 SE OXBOW
City GRESHAM State OR Zip 97080

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Casing: Dia From To Gauge Stl Plstc Wld Thr
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 [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [X] (Attach copy)

Depth of Completed Well 406 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, lbs. Rows include Cement and Calculated values.

How was seal placed: Method [] A [] B [X] C [] D [] E
[X] Other SET PLUG & PUSHED

Backfill placed from ft to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: [] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thr. Includes shoe location info.

Shoe [X] Inside [] Outside [] Other Location of shoe(s) 303,406

Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method AIR KNIFE

Screens Type Material

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size.

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

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

Table with 4 columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Values: 400, 400, 3.

Temperature 51 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below) TDS amount 91

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County MULTNOMAH Twp 1 S N/S Range 4 E E/W WM
Sec 17 SW 1/4 of the NE 1/4 Tax Lot 700
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
[] Street address of well [] Nearest address

31317 SE PIPELINE ROAD GRESHAM OR 97080

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), SWL(ft). Row: Completed Well 07-02-2015 252.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 120

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Rows for 06-15-2015 and 07-01-2015.

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Lists geological layers like LIGHT BROWN CLAY, CEMENTED GRAVEL, etc.

Date Started 06-13-2015 Completed 07-02-2015 SALEM, OR

(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 07-24-2015

Signed [Signature]

Contact Info (optional) OLSEN-PULLIAM WELL DRLG 503-665-3353



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

MULT 120173

Special Standards

Request Form

REQUEST FOR WRITTEN APPROVAL TO USE CONSTRUCTION METHODS NOT INCLUDED IN OREGON ADMINISTRATIVE RULES 690-200 THROUGH 690-240

Before the request can be considered, this form must be completed. Requests shall be submitted to the Well Construction Specialist, Water Resources Department, 725 Summer Street NE, Suite A, Salem OR 97301-1266. Requests may also be considered by the appropriate Regional Manager.

Date of request: 6/12/15 Oral approval date (if applicable): 6/12/15

Bonded Well Constructor (name, license #, and mailing address): Vance Wagner
Lic # 1738 P.O. Box 505 Gresham, Or 97080

(1) Location of Well: SW 1/4 NE 1/4 Tax lot 700 Section 17,
Township 1S N/S, Range 4E E/W, Multnomah County
Address at well site: 31317 se Pipeline RD
Gresham, Or 97080

(2) Start Card Number(s)(for work to be done): 201797

(3) Name and Address of Land Owner: Gordon Bester 33205
se Oxlow Park RD Gresham, Or 97080

(4) Distance to the nearest septic tank, drainfield, closed sewage line (if water supply well)
94 feet

(5) The unusual site conditions which necessitate this request: Drain Field
is 94 feet from Well site

(6) The proposed construction methods that the bonded well constructor believes will be adequate for this well: (attach additional pages if needed)

Seal a minimum of 60 feet into yellow
clay refer to existing well on property
mult 002540

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MULT 120173

- (7) Diagram showing the pertinent features of the proposed well design and construction:
(attach additional pages if needed)

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JUL 31 2015

SALEM, OR

PLEASE NOTE:

- (1) The Well Construction Standards serve to protect ground water resources. By approving and issuing this special construction standard the Oregon Water Resources Department is not representing that a well constructed in accordance with this condition will maintain structural integrity or that it meets engineering standards. The well constructor/or landowner is responsible for ensuring that a well is constructed in a manner that protects ground water resources as required under Oregon Administrative Rules 690-200 through 690-240.
- (2) If it should be determined at some future date that the well, due to its construction, is allowing ground water contamination, waste or loss of artesian pressure, the undersigned shall return to the site and rectify the problem.
- (3) If oral approval was granted, a written request must be submitted to the Department either within three (3) working days of the date of oral approval or prior to the completion of the associated well work. Failure to submit a written request as described above may void prior oral approval.

I have read and understand the above information. I further attest that the information provided is accurate to the best of my knowledge.

Bonded Constructor Signature: _____

