

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

WELL I.D. # L 41334
START CARD # 125976

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

(1) OWNER: Well Number # 7
Name Perrydale Domestic Water Assac Co
Address 2613 12th St. Boatwright Engineering
City Salem State OR Zip 97302

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

| HOLE | | SEAL | | | | |
|----------|------|------|----------|------|-----|-----------------|
| Diameter | From | To | Material | From | To | Sacks or pounds |
| 12 | 0 | 38 | Cement | 0 | 183 | |
| 10 | 38 | 185 | | | | 30+ bentonite |
| 8 | 185 | 305 | | | | 5% ↑ |

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:

| | Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|---------|----------|-------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: | 8-in | +1 | 183 | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | 7-in OD | +6-in | 305 | .188 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:
 Perforations Method Milled-Cuts in liner
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|--------|------|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 24 | 108 | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SEP 08 | 2000 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

WATER RESOURCES DEPARTMENT Testing time is 1 hour
SALEM, OREGON

| Yield gal/min | Drawdown | Drill stem at | Flowing Time |
|---------------|----------|---------------|--------------|
| 100+ | | 304 | 1 hr. |
| 200 | 29' 6" | | 24 hr. |

Temperature of water 51 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 Polk Latitude _____ Longitude _____
Township 7-S N or S Range 5-W E or W. WM. _____
Section 17 SW 1/4 NE 1/4 _____
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) None End of Reimer Rd.

(10) STATIC WATER LEVEL:
150.5 ft. below land surface. Date 8-29-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 47

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-------|
| 47 | 64 | 2 | |
| 193 | 305 | 200 + | 150.5 |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|--|--------|--------|-----|
| Top Soil | 0 | 1 | |
| Red Clay | 1 | 16 | |
| Tan Clay | 16 | 32 | |
| Gray Clay | 32 | 41 | |
| Gray basalt | 41 | 47 | |
| Fractured gray basalt | 47 | 64 | |
| Gray basalt with gray claystone seams | 64 | 96 | |
| Gray basalt | 96 | 107 | |
| Med gray basalt | 107 | 145 | |
| Gray clay | 145 | 145'6" | |
| Gray basalt | 145'6" | 159 | |
| Gray basalt with clay stone seams | 159 | 175 | |
| Gray clay semi firm | 175 | 181 | |
| Gray basalt with crystals - fractured | 181 | 193 | |
| Very fractured gray basalt with Soapstone + Crystals | 193 | 209 | |

Date started 7-31-00 Completed 8-30-00

(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 1629
Date 9-5-00

(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 Floyd R. Sippo WWC Number 1273
Date 9-5-00

STATE OF OREGON WATER SUPPLY WELL REPORT

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(1) OWNER:

Name Perrydale Domestic Water Assoc. Address 2673 12th St (C/O Boatwright Eng) City Salem State OR Zip 97302

(2) TYPE OF WORK

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

(3) DRILL METHOD:

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

(4) PROPOSED USE:

[] Domestic [X] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [] Yes [X] No Depth of Completed Well 305 ft.

Explosives used [] Yes [X] No Type Amount

Table with columns for HOLE Diameter, From, To, Material, and 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 for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded for Casing and Liner.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Table with columns for From, To, Slot size, Number, Diameter, Material, Tele/pipe size, Casing, Liner.

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

Table with columns for 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? Did any strata contain water not suitable for intended use? Depth of strata:

(9) LOCATION OF WELL by legal description:

County Polk Latitude Longitude Township 7-S N or S Range 5-W E or W. WM. Section 17 SW 1/4 NE 1/4 Tax Lot 100 Lot Block Subdivision Street Address of Well (or nearest address) None: End of Reimer

(10) STATIC WATER LEVEL:

150.5 ft. below land surface. Date 8-29-00 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Table with columns for From, To, Estimated Flow Rate, SWL.

(12) WELL LOG:

Table with columns for Material, From, To, SWL. Includes 'RECEIVED' stamp and 'WATER RESOURCES DEPT. SALEM, OREGON' stamp.

Date started 7-31-00 Completed 8-30-00

(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.

Signed [Signature] WWC Number 1629 Date 9-5-00

(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.

Signed [Signature] WWC Number 1273 Date 9-5-00