

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

WELL I.D. # L 75340

START CARD # 173583

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

(1) LAND OWNER Well Number
 Name Oregon Dept. of Forestry-NW Oregon Area
 Address 810 Gales Creek Rd.
 City Forest Grove State OR Zip 97116

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 150 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
15"	0	24	Cem/Bent	0	24	
12"	24	60	Cem/Bent	24	60	59 sks w/gel
10"	60	67	Cement	60	67	4 sks w/gel
7 1/2"	67	150				

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

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	8"	+2	67	.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"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 67

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100		120	1 hr.
50	40		12 hrs.
50	40' 9"		24 hrs.

Temperature of water 48°F Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom AMJ & Alexin Lab.
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: 20-38, swl 20' (Sealed off)

(9) LOCATION OF WELL (legal description)
 County Tillamook
 Tax Lot 4700 Lot _____
 Township 1N N or S Range 7W E or W WM
 Section 08 SE 1/4 NE 1/4
 Lat _____ ° _____ ' _____ " or _____ (degrees or decimal)
 Long _____ ° _____ ' _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) Tillamook Forest Center
45500 Wilson River Hwy., Tillamook, OR

(10) STATIC WATER LEVEL
11 ft. below land surface. Date 04/27/05
(13 ft. T.O.C.) ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 20/120

From	To	Estimated Flow Rate	SWL
120	150	100 gpm	11

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 MAY 02 2005

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Brown cobble, gravel, sand & silt	0	26	wb
Brown basalt, very broken	26	38	wb
Gray/gray-black basalt, occ. green stone	38	50	
Black basalt, broken	50	56	
Gray-black basalt, occ. green stone	56	120	
Gray-black basalt, frags. broken strks., green stone agate (sulfur odor)	120	150	11

Date Started 04/07/2005 Completed 04/27/2005

(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.
 WWC Number _____ Date _____

(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.
 WWC Number 573 Date 04/28/2005
 Signed [Signature]