

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

WELL I.D. # L 65944

START CARD # 183372

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

(1) LAND OWNER Well Number W/NW
 Name Mike C. and Norma L. Origer
 Address 19620 Hwy 101
 City S. Cloverdale State Or Zip 97112

(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 133 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10"	0	20	cement/ben	0	20	16 sacks
8"	19	38.5	cement	26	38.5	3 sacks
5.5"	38.5	133				

How was seal placed: Method A B C D E
 Other temporary casing 20' cement tremied/bentonite poured dry
 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: 6"	+1.5	38.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	-2	133	#160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 38.5

(7) PERFORATIONS/SCREENS
 Perforations Method skill saw
 Screens Type _____ Material PVC

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
53	133	6"	50	1/8"	4"	<input type="checkbox"/>	<input checked="" 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
5.5		133	1hr

Temperature of water 53 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: h20 (385us)

(9) LOCATION OF WELL (legal description)
 County Tillamook
 Tax Lot 700 Lot _____
 Township 3 S Range 9 W WM
 Section 18 SW 1/4 NE 1/4

Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL
19 ft. below land surface. Date 3-2-06
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 13'

From	To	Estimated Flow Rate	SWL
13	23	4 gpm	NA
64	66	5 1/2 gpm	19

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Clay, brown	2	4	
Clay and cobbles (caving)	4	13	
Gravel, black/blue, med	13	23	
Sandstone, grey, med hard	23	73	19
Sandstone, grey, hard	73	85	19
Sandstone, grey, med hard	85	133	19

Dickerson Well Drilling, Inc
 (503) 623-2664

Date Started 2-24-06 Completed 3-2-06

(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 _____

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.

WWC Number 1571 Date 3-3-06

Signed William A. Blair

RECEIVED

MAR 08 2006