

STATE OF OREGON JUL 23 1996 WATER SUPPLY WELL REPORT

(as required by ORS 537.76) WATER RESOURCES DEPT.

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

(1) OWNER: Well Number 02 Name N.W. Properties Address P.O. Box 1909 City Lake Oswego State Or Zip 97035

(2) TYPE OF WORK [] New Well [X] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [X] Other mobile Home court

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 304 ft. HOLE SEAL. Diameter From To Material From To Sacks or pounds Seal Was Not Changed

How was seal placed: Method [] A [] B [] C [] D [] E 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. Casing: 6" +2 ? 250 [X] [] [X] [] Liner: 4" 4 304 160 [] [X] [X] []

Final location of shoe(s) N/A

(7) PERFORATIONS/SCREENS: Table with columns for From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. [X] Perforations Method Saw [] Screens Type ___ Material ___

(8) WELL TESTS: Minimum testing time is 1 hour. Table with columns for Pump/Bailer/Air, Yield gal/min, Drawdown, Drill stem at, Flowing Artesian, Time. 60 50 300 274 1 hr. 1/4

Temperature of water 55° 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 Washington Latitude ___ Longitude ___ Township 3 South N or S Range 2 West E or W. WM. Section 11D NE 1/4 SE 1/4 Tax Lot 1500 Lot ___ Block ___ Subdivision ___ Street Address of Well (or nearest address) 27300 SW Pacific Hwy Sherwood, Or.

(10) STATIC WATER LEVEL: ___ 29 ft. below land surface. Date 7-10-96 Artesian pressure ___ lb. per square inch. Date ___

(11) WATER BEARING ZONES: Table with columns for From, To, Estimated Flow Rate, SWL. Depth at which water was first found 180'. 180' 281' 15 45 29 29 Total 60

(12) WELL LOG: Ground Elevation ___

Table with columns for Material, From, To, SWL. Start Deepening @ 140 29 Basalt Gray 140 180 Basalt Gray Fractured 180 232 29 Basalt Gray 232 281 Basalt Gray Porous & Fractured 281 302 29 Basalt Gray 302 304

Date started 7-10-96 Completed 7-10-96 (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 [Signature] WWC Number 553 Date 7-15-96

(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 [Signature] WWC Number 1592 Date 7-16-96