

WASH
55096

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

WELL I.D. # L 33753
START CARD # 102396

WATER RESOURCES DEPT.
SALEM, OREGON

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

(1) OWNER: Well Number 3
Name Manke Lumber Company
Address 1717 Marine View Drive
City Tacoma State WA Zip 98422

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other No Drilling Involved

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 573 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
same	as	original well log	No	Changes	Made	

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:	<u>6</u>	<u>+3</u>	<u>219</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>4 1/2</u>	<u>+1</u>	<u>573</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 219

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>391</u>	<u>573</u>	<u>1/8x6</u>	<u>602</u>	<u>4 1/2</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

See Attached

Temperature of water _____ 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 3S N or S Range 1W E or W. WM.
Section 7 NW 1/4 NE 1/4
Tax Lot 3S17-Lot0031 Block _____ Subdivision _____
Street Address of Well (or nearest address) 1/10 of a mile west Parrett Mt. Rd. from Ladd Hill Rd. on right.

(10) STATIC WATER LEVEL:
332 ft. below land surface. Date 10-19-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found See Original Well Log

From	To	Estimated Flow Rate	SWL
See Original Well Log			

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
No Drilling Involved--			
Removed liner to pump test and map well. Added perforations to PVC liner and reinstalled PVC liner.			

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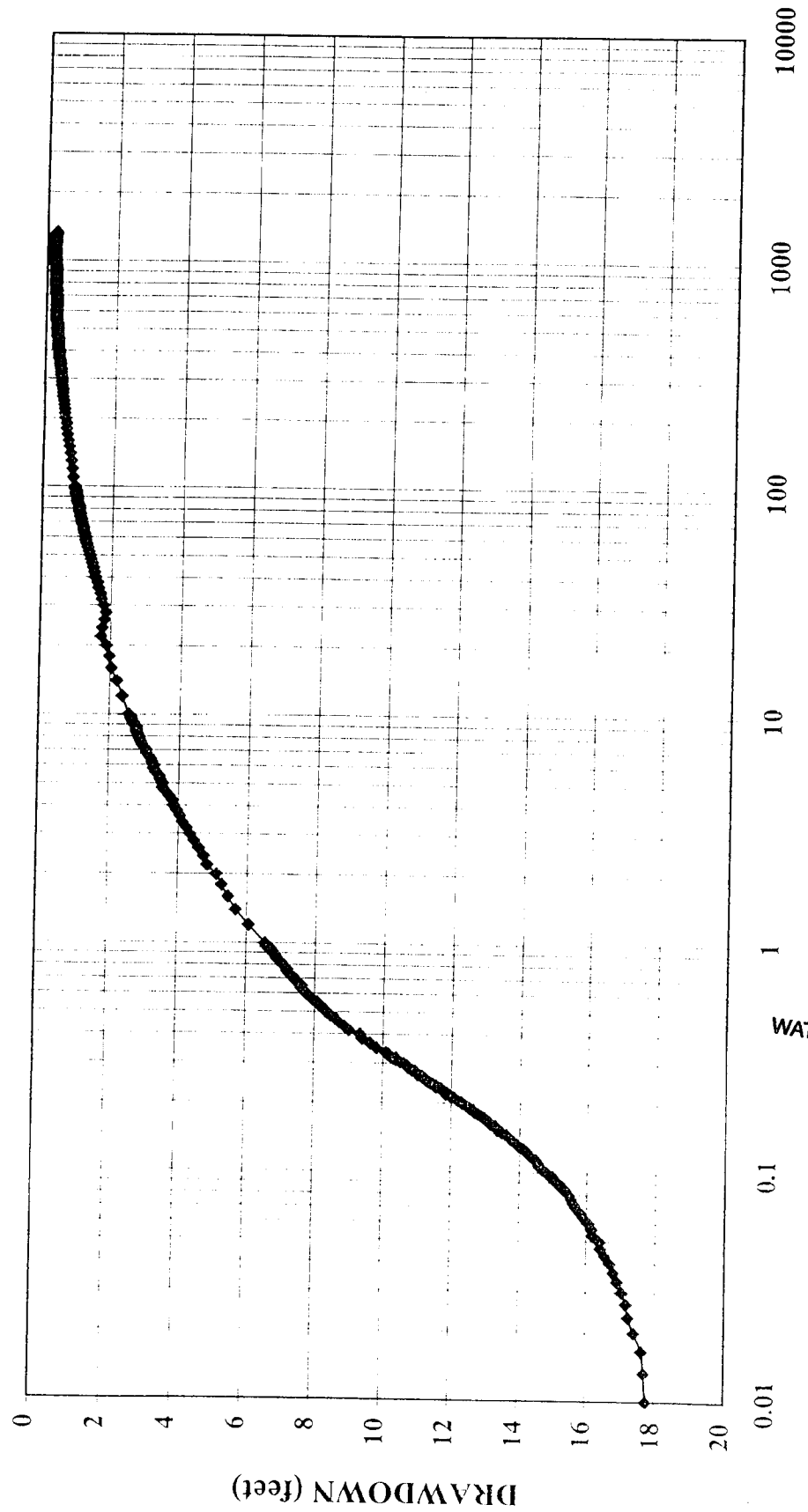
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Date started 10-13-98 Completed 8-17-99

(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 _____ Date _____

(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 Thomas A. Schneider WWC Number 673 Date 8-17-99

MANKE WELL #3 RECOVERY
from 165 GPM test

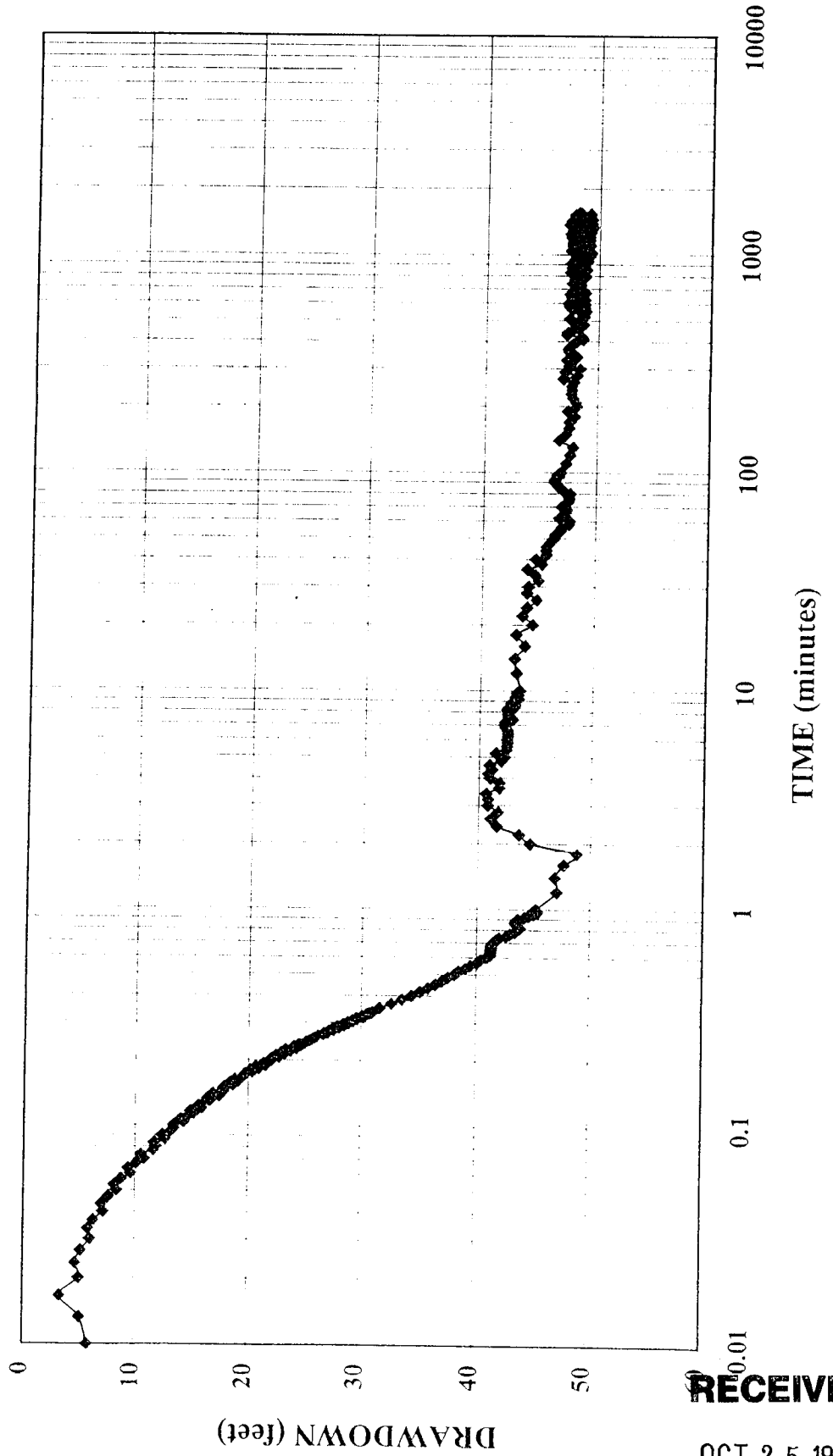


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MANKE WELL #3 CONSTANT RATE TEST

10/20-21/98 @ 165 GPM

332 ft Static WL



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