

RECEIVED

STATE OF OREGON WATER SUPPLY WELL REPORT MAY 17 2001 (as required by ORS 537.765)

WELL I.D. # L 47479 START CARD # 139304

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

(1) LAND OWNER SALEM, OREGON Name DON MOTZ & SONS NURSERY Address 11445 NW SKYLINE BLVD. City PORTLAND, State OR Zip 97231

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [ ] Yes [X] No Depth of Completed Well 579 ft. Explosives used [ ] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds. Rows include Cement, Drilgel, and Cement with various dimensions and quantities.

How was seal placed: Method [ ] A [ ] B [X] C [X] D [ ] E [ ] Other

Backfill placed from 30 ft. to 250 ft. Material Bent/Cel Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

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

(7) PERFORATIONS/SCREENS: [ ] Perforations Method [ ] Screens Type Material

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

(8) WELL TESTS: Minimum testing time is 1 hour. Table with columns: Yield gal/min, Drawdown, Drill stem at, Flowing Time. Includes Pump, Bailer, Air, Artesian options.

Temperature of water 58°F Depth Artesian Flow Found Was a water analysis done? [X] Yes By whom AMJ 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 1N N or S Range 2W E or W. WM. Section 08 NE 1/4 NW 1/4 Tax Lot 191 Lot Block Subdivision Street Address of Well (or nearest address) NW WEST UNION RD. HILLSBORO, OR

(10) STATIC WATER LEVEL: 120 ft. below land surface. Date 05/09/01 Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES: Depth at which water was first found 356

Table with columns: From, To, Estimated Flow Rate, SWL. Rows showing water bearing zones at various depths.

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Detailed log of well materials and depths.

Date started 04/26/01 Completed 05/09/01

(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 Mel Bigby WWC Number 1492 Date 05/10/01

(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 1266 Date 05/10/01

STATE OF OREGON

MAY 17 2001

WATER SUPPLY WELL REPORT

(as required by ORS 537.765) WATER RESOURCES DEPT

SALEM, OREGON

WELL I.D. # L 4747 9

START CARD # 139304

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

(1) LAND OWNER Well Number
Name DON MOTZ & SONS NURSERY
Address 11445 NW SKYLINE BLVD.
City PORTLAND State OR Zip 97231

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval [ ] Yes [ ] No Depth of Completed Well 579ft.
Explosives used [ ] Yes [ ] No Type Amount

Table with columns: HOLE Diameter, From, To, Material, 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: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

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

(7) PERFORATIONS/SCREENS:
[ ] Perforations Method
[ ] Screens Type Material

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] 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? [ ] 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 1N N or S Range 2W E or W. WM.
Section 8 NE 1/4 NW 1/4
Tax Lot 191 Lot Block Subdivision
Street Address of Well (or nearest address) NW WEST UNION RD

(10) STATIC WATER LEVEL:
120 ft. below land surface. Date 05/09/01
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG:
Ground Elevation

Table with columns: Material, From, To, SWL. Includes entries like 'Continued from page 1', 'Hard gry basalt', 'Gry brn broken basalt', etc.

Date started 04/26/01 Completed 05/09/01

(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 WWC Number 1492 Date 05/10/01

(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 WWC Number 1266 Date 05/10/01