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WASH 57621

STATE OF OREGON WATER SUPPLY WELL REPORT

SEP 11 2001

WELL I.D. # L 50495 START CARD # 139320

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

(1) LAND OWNER: TEUFEL NURSERY #2, Address: 12345 NW BARNES RD., City: PORTLAND, State: OR, Zip: 97229

(2) TYPE OF WORK: [X] New Well, [ ] Deepening, [ ] Alteration, [ ] Abandonment

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

(4) PROPOSED USE: [ ] Domestic, [ ] Community, [ ] Industrial, [X] Irrigation

(5) BORE HOLE CONSTRUCTION: Special Construction approval [ ] Yes [X] No, Depth of Completed Well 1090'

Table with columns: HOLE (Diameter, From, To), SEAL (Material, From, To), Sacks or pounds

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

(6) CASING/LINER: Diameter 10", From +1-960, To 1050

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

(7) PERFORATIONS/SCREENS: [ ] Perforations, [ ] Screens

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, Time

Temperature of water 66°F, Depth Artesian Flow Found, Was a water analysis done? [X] Yes

(9) LOCATION OF WELL by legal description: County WASHINGTON, Township 1N, Section 15, Tax Lot 1600, Street Address of Well 35600 NW ZION CHURCH RD

(10) STATIC WATER LEVEL: 68 ft. below land surface, Date 09/06/01

(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

Date started 05/24/01, Completed 09/06/01

(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.

(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.

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

WELL I.D. # L 50495
START CARD # 139320

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

(1) LAND OWNER Well Number
Name TEUFEL NURSERY #2
Address 12345 NW BARNES RD.
City PORTLAND State OR Zip 97229

(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 1090
Explosives used [ ] Yes [X] 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 3W E or W. WM.
Section 15 NE 1/4 SW 1/4
Tax Lot 1600 Lot Block Subdivision
Street Address of Well (or nearest address) 35600 NW ZION CHURCH RD

(10) STATIC WATER LEVEL:
68 ft. below land surface. Date 09/06/01
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES:
Depth at which water was first found 1022

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG:
Ground Elevation

Table with columns: Material, From, To, SWL
Black basalt, occ. brkn. streaks 1050 1070 68
Brown basalt, inter. brkn 1070 1080 68
Black basalt, broken 1080 1088 ''
Gray-black basalt, hard 1088 1090 68

RECEIVED
SEP 11 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 05/24/01 Completed 09/06/01

(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. 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 [Signature] WWC Number 1266 Date 09/06/01