

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)
 WATER RESOURCES DEPT.
 SALEM, OREGON

WELL I.D. # L 52394
 START CARD # 142855

OCT 24 2001

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

(1) LAND OWNER Well Number _____
 Name LAMPLIGHTER WATER ASSOCIATION
 Address 26470 SW MARKHAVEN ST.
 City SHERWOOD State OR Zip 97140

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 386 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL		
Diameter	From	To	Material	From	To
10"	0	20	Cement	0	20
8"	20	292	Cement	20	275
6"	292	386			

Sacks or pounds 55 sks.

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 275 ft. to 292 ft. Size of gravel pea

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1	275	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input 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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
45		386	1 hr.
30		326	"
20		272	"

Temperature of water 55°F Depth Artesian Flow Found _____
 Was a water analysis done? 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 3S N or S Range 2W E or W. WM.
 Section 11 AD SE 1/4 NE 1/4
 Tax Lot 1200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 26470 SW MARKHAVEN ST

(10) STATIC WATER LEVEL:
75 ft. below land surface. Date 10/18/01
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 336

From	To	Estimated Flow Rate	SWL
336	346	7 gpm	75
346	386	38 gpm	75

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Topsoil	0	5	
Red-brown clay	5	15	
Brown clay	15	20	
Decomp basalt	20	40	
Gray basalt	40	45	
Red-brown interbed	45	98	
Gray-black basalt	98	115	
Brown-black interbed	115	140	
Black basalt	140	152	
Brown-black interbed w/white streaks	152	266	
Black basalt	266	270	
Black basalt w/grn.striks.	270	320	
Soft black basalt	320	350	75
Brown-black interbed	350	370	"
Black basalt	370	386	75

Date started 10/11/01 Completed 10/18/01

(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 [Signature] WWC Number 1749 Date 10/19/01

(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. 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 10/19/01