

STATE OF OREGON

AMENDED WELL LOG

WATER SUPPLY WELL REPORT
(as required by ORS 315.005)
SALEM, OREGON

WELL I.D. # L 64130
START CARD # 149005

Wash 59307

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

(1) LAND OWNER
Name J. D. THOMPSON PROPERTIES, LLC - SCOTT D. WALTERS
Address 29525 NW CHALMERS LANE
City CORNELIUS State OR Zip 97113

(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 1960'
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From	To	Material	From	To
20"	0	38	Bentonite	0	38
15"	38	1080	Cement	0	225
10"	1080	1140	Cement	840	1140
8"	1140	1960			

How was seal placed: Method A B C D E
 Other Poured into annular
Backfill placed from 225 ft. to 920 ft. Material Drill gel
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	0	38	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	+3	1080	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	840	1140	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
200		300	1 hr.
460		500	3 hrs.
660		700	6 hrs.

Temperature of water 73°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 1N N or S Range 3W E or W. WM.
Section 17 NE 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) NR. 29525 NW CHALMERS LANE, CORNELIUS, OR

(10) STATIC WATER LEVEL:
56 ft. below land surface. Date 03/14/03
Artesian pressure _____ lb per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 1164

From	To	Estimated Flow Rate	SWL
1164	1215	100 gpm	56
1215	1410	100 gpm	"
1410	1460	100 gpm	"
1814	1960	360 gpm	56

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown clay	0	18	
Gray clay	18	79	
Sticky gray clay	79	112	
Fine to coarse red-brn sand	112	117	
Sticky lt. gray clay	117	139	
Sticky gray-brn. clay	139	202	
Sticky gray clay	202	430	
Soft blue-gray clay	430	577	
Soft dark gray clay	577	786	
Soft blue-gray clay	786	849	
Firm gray clay	849	960	
Med. blk. sand w/wood&clay	960	996	
Decomp. brown basalt	996	1069	
Firm gray-blk. basalt	1069	1164	
Gray-black basalt	1164	1215	56
Hard gray-black basalt	1215	1322	"
Broken black basalt	1322	1410	"
Brkn. gray-blk. baSALT	1410	1425	"
Hard gray-blk. basalt	1425	1472	56

Date started 08/29/02 Completed 03/14/03

(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.
WWC Number _____
Signed _____ 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.
WWC Number 1266
Signed [Signature] Date 03/17/03

RECEIVED

WASH 59307

STATE OF OREGON APR 09 2003 WATER SUPPLY WELL REPORT (as required by ORS 537.765) WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 64130 START CARD # 149005

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

(1) LAND OWNER Well Number Name J. D. THOMPSON PROPERTIES, LLC - SCOTT D. WALTERS Address 29525 NW CHALMERS LANE City CORNELIUS State OR Zip 97113

(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 ___ft. Explosives used [] Yes [] No Type ___ Amount ___

Table with columns: HOLE Diameter, From, To, SEAL Material, 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

(7) 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 [] Pump [] Bailer [] Air [] Artesian Yield gal/min Drawdown Drill stem at Time 1 hr.

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 17 NE 1/4 NE 1/4 Tax Lot 100 Lot Block Subdivision Street Address of Well (or nearest address) NR. 29525 NW CHALMERS L

(10) STATIC WATER LEVEL: 56 ft. below land surface. Date 03/14/03 Artesian pressure ___ lb. per square inch Date

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

(12) WELL LOG: Table with columns: Material, From, To, SWL

Date started 08/29/02 Completed 03/14/03

(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. WWC Number Signed 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. WWC Number 1266 Signed Date 03/17/03

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

MAR 19 2003

WELL I.D. # L 64130 START CARD # 149005

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

(1) LAND OWNER: THOMPSON-WALTERS NURSERY, 29525 NW CHALMERS LANE, CORNELIUS, OR 97113

(2) TYPE OF WORK: [X] New Well, [] Deepening, [] Alteration, [] 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 1960'

Table with columns: HOLE (Diameter, From, To), SEAL (Material, From, To), Sacks or pounds. Rows include Bentonite, Cement, and other seal materials.

How was seal placed: Method [] A [X] B [X] C [] D [] E. Backfill placed from 225 ft. to 920 ft. Material Drill gel.

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for 16", 10", and 8" casing.

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

(7) 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. Rows for 200, 460, and 660 gpm.

Temperature of water 73°F, Depth Artesian Flow Found. Was a water analysis done? [X] Yes By whom AMJ.

(9) LOCATION OF WELL by legal description: County WASHINGTON, Township 1N, Section 17, Tax Lot 100, Street Address of Well NR. 29525 NW CHALMERS LANE, CORNELIUS, OR

(10) STATIC WATER LEVEL: 56 ft. below land surface. Date 03/14/03. Artesian pressure lb. per square inch

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Rows for 1164, 1215, 1410, and 1814 depths.

(12) WELL LOG: Ground Elevation

WELL LOG: Table with columns: Material, From, To, SWL. Rows include Brown clay, Gray clay, Sticky gray clay, Fine to coarse red-brn sand, etc.

Date started 08/29/02 Completed 03/14/03

(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 64130
START CARD # 149005

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

(1) LAND OWNER
Name THOMPSON-WALTERS NURSERY Well Number _____
Address 29525 NW CHALMERS LANE
City CORNELIUS State OR Zip 97113

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

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

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

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 17 NE 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) NR. 29525 NW CHALMERS LN.

(10) STATIC WATER LEVEL:
56 ft. below land surface. Date 03/14/03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soft black basalt	1472	1484	56
Firm gray-blk. basalt	1484	1508	"
Hard gray-blk. basalt	1508	1625	"
Soft black basalt	1625	1645	"
Hard gray-blk. basalt	1645	1784	"
Soft black basalt	1784	1794	"
Hard gray-blk basalt	1794	1814	"
Soft black basalt	1814	1820	"
Hard blk.-gray basalt	1820	1874	"
Soft black basalt	1874	1883	"
Hard blk.-gray basalt	1883	1890	"
Soft black basalt	1890	1960	56

RECEIVED
MAR 19 2003
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 08/29/02 Completed 03/14/03

(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 _____ WWC Number 1266 Date 03/17/03