

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.760)

WASH 60848

WELL ID. # L 64521
START CARD # 159714

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

(1) LAND OWNER Well Number _____
 Name: CLAREMONT GOLF CLUB INC.
 Address: 12555 S.W. HALL BLVD.
 City: TIGARD State: OR Zip: 97223

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14"	0	58	Cement	0	58	
12"	58	427		58	120	59 Sks
8"	427	508	Cement	380	448	50 Sks

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 120 ft. to 380 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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8"	+1	427	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	Tel./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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Boiler	<input type="checkbox"/> Air	Flowing
Yield gpm/min	Drawdown	Drill stem at	Artesian
			Time
200	26		1 hr. 2
350	62		4Hr
400	81		6Hr

Temperature of water 54°F Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom A.M.J.
 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 1W E or W. WM. _____
 Section 28 NE 1/4 NW 1/4
 Tax Lot 1601 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
N.W. Thompson Rd. Portland, Or 97229

(10) STATIC WATER LEVEL:
24' ft. below land surface Date: 12-31-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 448

From	To	Estimated Flow Rate	SWL
448	508	500+	24'

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Brn clay	0	6	
Gry Clay	6	25	
Brn cly w/gry streaks	25	68	
Gry brn cly w/soft strks	68	224	
Brn clay	224	295	
Soft brn decomp rockw/cly	295	419	
Gry brn basalt	419	431	
Gry basalt w/broken cly stone.	431	433	
Gry blk basalt	433	448	
Gry basalt	448	464	24'
Gry-gry blk basalt	464	508	24'

RECEIVED

Hole was cemented and redrilled from 427 to 448'. JAN 14 2004
 WATER RESOURCES DEPT
 SALEM, OREGON

Date started 11-24-03 Completed 12-31-03

(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 Mike Bigsby WWC Number 1492 Date 1/12/04

(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 Dr. [Signature] WWC Number 1266 Date 1/12/04