

STATE OF OREGON  
MONITORING WELL REPORT  
(as required by ORS 537.765 & OAR 690-240-095)

OR4033-19

Well ID# LS4983  
Start Card # 164986

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

(1) OWNER/PROJECT Name Tricounty Petroleum WELL NO. MW-4  
Address 874 SW Baseline Rd  
City Hillsboro State OR Zip 97123

(6) LOCATION OF WELL By legal description:  
County Washington Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 1N (N or S) Range 2W (E or W) Section 31  
SE 1/4 of 1NE 1/4 of above section  
Street address of well location Hillsboro, OR  
1729 NE Cornell Rd

(2) TYPE OF WORK

- New construction  Alteration (Repair/Recondition)  
 Conversion  Deepening  Abandonment

Tax lot number of well location \_\_\_\_\_  
ATTACH MAP WITH LOCATION IDENTIFIED Map shall include approximate scale and north arrow.

(3) DRILLING METHOD

- Rotary Air  Rotary Mud  Cable  
 Hollow Stem Auger  Other Push Probe

(7) STATIC WATER LEVEL:

5 Ft. below land surface Date 3-3-04  
Artesian Pressure \_\_\_\_\_ lb/sq. in. Date \_\_\_\_\_

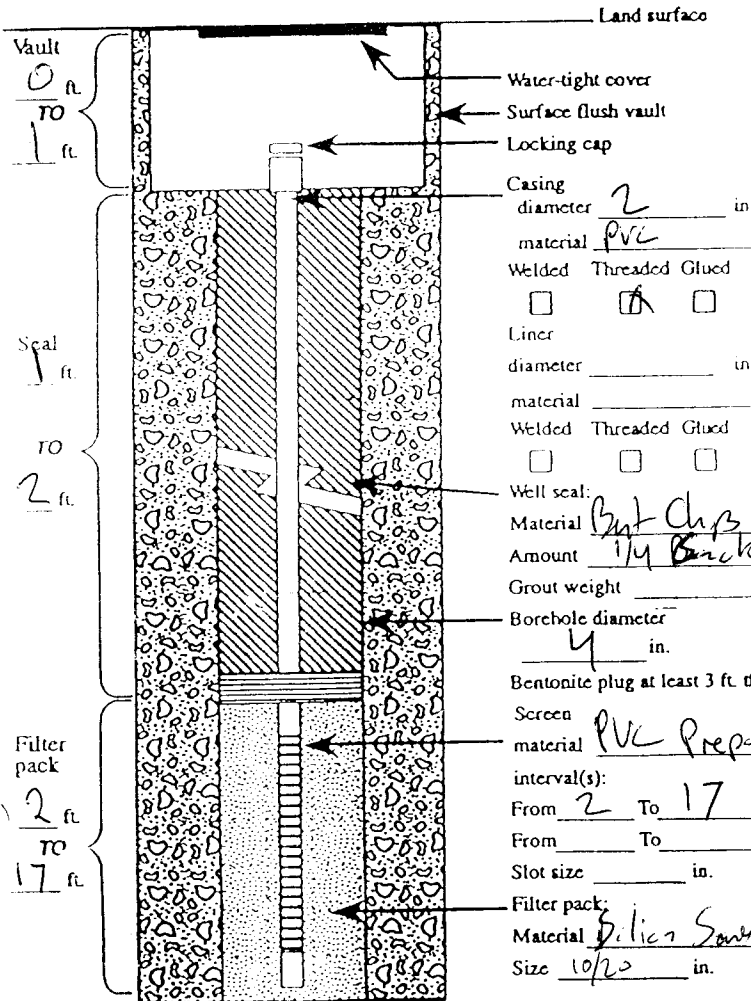
(4) BORE HOLE CONSTRUCTION:

Special Standards  Yes  No  
Depth of Completed Well 17 ft.

(8) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Est. Flow Rate	SWI



(9) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWI
<u>Brown loamy clays</u>	<u>0</u>	<u>14'</u>	
<u>Sandy S. lts.</u>	<u>14</u>	<u>17'</u>	

**RECEIVED**  
MAR 12 2004  
WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 3-3-04 Completed 3-3-04

(5) WELL TESTS:

- Pump  Bailor  Air  Flowing Artesian
- Permeability \_\_\_\_\_ Yield \_\_\_\_\_ GPM  
Conductivity \_\_\_\_\_ PH \_\_\_\_\_  
Temperature of water 56 °F/C Depth artesian flow found \_\_\_\_\_ ft.  
Was water analysis done?  Yes  No

(unbonded) Monitor 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.

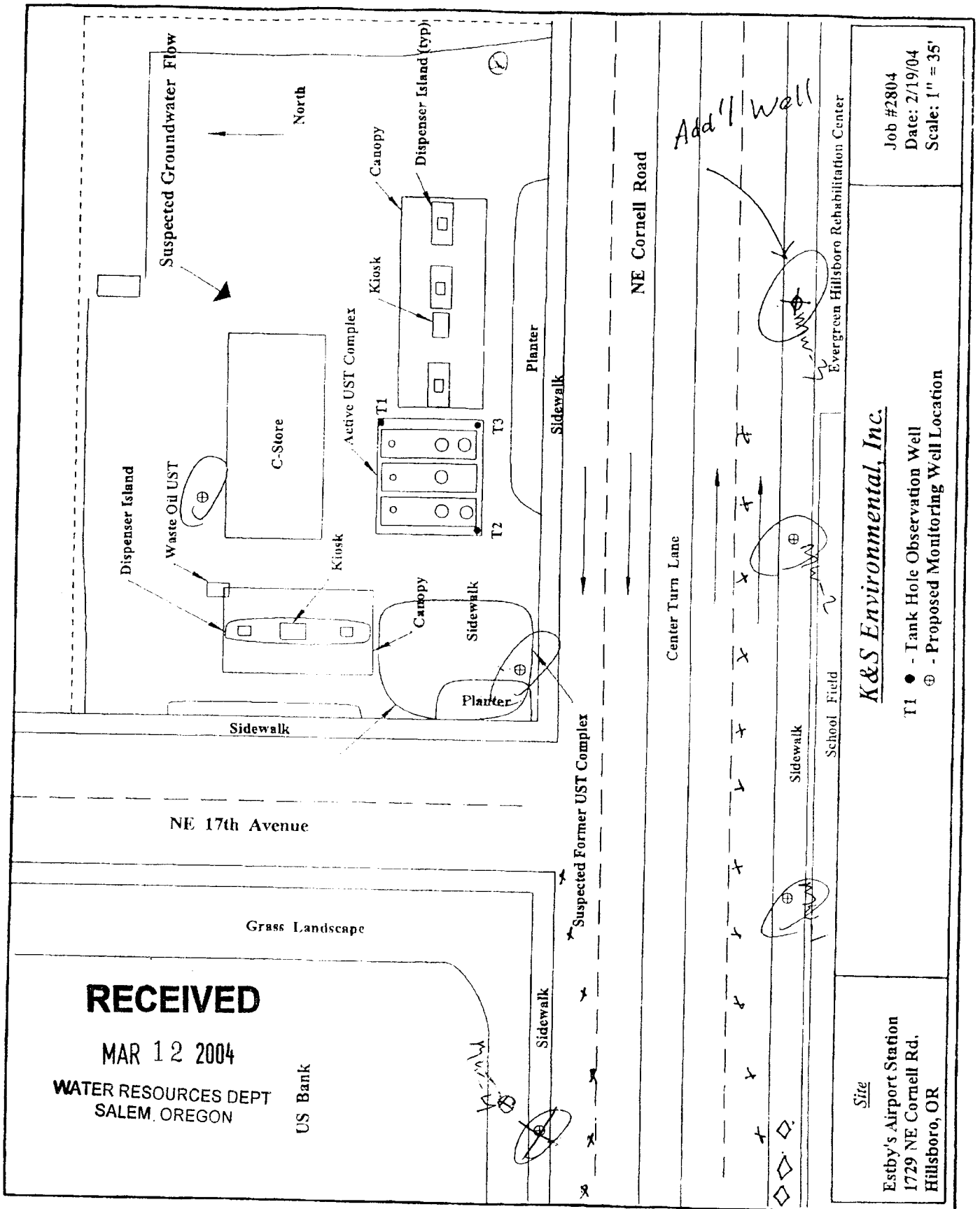
Signed \_\_\_\_\_ MWC Number 10530  
Date 3-2-04

(bonded) Monitor 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 \_\_\_\_\_ MWC Number 10024  
Date 3.3.04

By whom? \_\_\_\_\_  
Depth of strata to be analyzed. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Remarks: \_\_\_\_\_  
Name of supervising Geologist/Engineer: \_\_\_\_\_



Job #2804  
 Date: 2/19/04  
 Scale: 1" = 35'

**K&S Environmental, Inc.**

T1 ● - Tank Hole Observation Well  
 ⊕ - Proposed Monitoring Well Location

Sire  
 Estby's Airport Station  
 1729 NE Cornell Rd.  
 Hillsboro, OR

Evergreen Hillsboro Rehabilitation Center