

RECEIVED WASH 62736
AUG 18 2005
 WATER RESOURCES DEPT
 STATE OF OREGON

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

WELL I.D. # L 78363

START CARD # 175715

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

(1) LAND OWNER Well Number _____
 Name Glenn Walters Nursery, Inc.
 Address P.O. Box 280
 City Banks State OR Zip 97106

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 152 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
16"	0	90	Cement	0	90	27 sacks
12"	90	152				
6"	152	730	Cement	152	730	65 sacks

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 58 ft. to 152 ft. Size of gravel Sand 10# #8

(6) CASING/LINER

Casing/Liner	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
Casing: 12"	0	90	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	8"	+2	92	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Liner: 8"	112	137	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	8"	147	152	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type Wound Wire Material Stainless

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
92	112	.020		8"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
137	147	.020		8"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
75		60	2 hours
85		70	" "
96		80	" "

Temperature of water 56°F 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 (legal description)
 County Washington
 Tax Lot 00100 Lot _____
 Township 1S N or S Range 3W E or W WM
 Section 14 NE 1/4 NE 1/4
 Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)
 Street Address of Well (or nearest address) Bolby Farm
33525 SW Tongue Lane, Cornelius, OR 97113

(10) STATIC WATER LEVEL
16 ft. below land surface. Date 08/12/2005
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 92

From	To	Estimated Flow Rate	SWL
92	112		16
137	147	96 gpm	16

(12) WELL LOG Ground Elevation _____

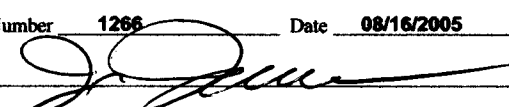
Material	From	To	SWL
Brown clay	0	6	
Brown silty clay	6	19	
Gray silty clay	19	43	
Sticky gray clay	43	71	
Fine gray sand	71	82	
Gray clay with wood	82	91	
Fine to med coarse gry-brn.sand	91	99	16
Sticky blue-gray clay	99	102	"
Fine to coarse gray-black sand	102	114	16
Soft gray clay	114	137	
Fine to med coarse gry-blk.sand	137	147	16
Sticky gray clay	147	153	
Soft gray sandy clay	153	209	
Sticky gray-brown clay	209	257	
Med to coarse black sand	257	264	
Sticky gray-brown clay	264	312	

Date Started 07/29/2005 Completed 08/12/2005

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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 _____ Date _____
 Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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 Date 08/16/2005
 Signed 

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

AUG 18 2005

WELL I.D. # L 78363

WATER RESOURCES DEPT SALES & REGISTRATION

START CARD # 175715

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

(1) LAND OWNER Well Number Name: Glenn Walters Nursery, Inc. (Page 2) Address: P.O. Box 280 City: Banks State: OR Zip: 97106

(2) TYPE OF WORK [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment [] Conversion

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

(4) PROPOSED USE [] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION Special Construction: [] Yes [X] No Depth of Completed Well: 152 ft. Explosives used: [] Yes [X] No Type: Amount:

Table with columns for BORE HOLE (Diameter, From, To) and 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 for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded for Casing and Liner.

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

(7) PERFORATIONS/SCREENS Table with columns for 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?, Did any strata contain water not suitable for intended use?, Depth of strata:

(9) LOCATION OF WELL (legal description) County: Washington Tax Lot: 00100 Lot: Township: 1S N or S Range: 2W E or W WM Section: 14 NE 1/4 NE 1/4 Lat: Long: Street Address of Well (or nearest address): Bolby Farm 33525 SW Tongue Lane, Cornelius, OR 97113

(10) STATIC WATER LEVEL 16 ft. below land surface. Date: 08/12/2005 Artesian pressure lb. per square inch Date:

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

(12) WELL LOG Table with columns for Material, From, To, SWL. Includes entries like Soft blue-gray clay, Sticky blue-gray clay, Firm blue-gray clay, Soft blue-gray clay, Firm gray clay, Lower Hole Abandoned/Cement.

(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, 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 Date Signed

(bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, 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 Date 08/16/2005 Signed