

WASH 64048 Amended

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 84433

START CARD # 187474

(1) LAND OWNER Owner Well I.D. _____

First Name _____ Last Name _____ Company IWASAKI BROTHERS INC. Address 2555 SE MINTER BRIDGE RD City HILLSBORO State OR Zip 97123

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] Attach copy) Depth of Completed Well 163 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Rows include Bentonite and Cement seal data.

How was seal placed: Method [] A [] B [X] C [] D [] E

[X] Other Prd. into Annular

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 65 ft. to 163 ft. Material Sand Size 1C

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Rows show casing specifications at different depths.

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type Slotted Material PVC

Table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size. Rows show screen data for different depths.

(8) WELL TESTS: Minimum testing time is 1 hour

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Rows show test results at 36, 45, and 52 feet.

Temperature 57 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units. Includes a 'RECEIVED' stamp and date JUN 09 2006.

(9) LOCATION OF WELL (legal description)

County WASHINGT Twp 1 S N/S Range 2 W E/W WM Sec 8 SW 1/4 of the NW 1/4 Tax Lot 200 Tax Map Number _____ Lot _____ Lat _____ or _____ DMS or DD Long _____ or _____ DMS or DD

[X] Street address of well [] Nearest address

2555 SE MINTER BRIDGE RD

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Date, SWL(psi), SWL(ft). Row shows completed well on 06/01/2006 with 0 psi and 0 ft SWL.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found _____

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Rows show water bearing zones from 80 to 158 feet depth.

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Rows list soil layers from Fill to Soft Gray Clay with depths from 0 to 163 feet.

Date Started 05/24/2006

Completed 06/01/2006

(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.

License Number _____ Date _____

Password : (if filing electronically) _____

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.

License Number 1266 Date 6/8/06

Password : (if filing electronically) _____

Signed _____

Contact Info (optional) _____

ORIGINAL WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

WASH 64048

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 84433
 START CARD # 187474

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company WASAKI BROTHERS INC.
 Address 2555 SE MINTER BRIDGE RD
 City HILLSBORO State OR Zip 97123

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
 Depth of Completed Well 163 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	163	Bentonite	0	25	13	S
			Cement	25	65	15	S

How was seal placed: Method A B C D E
 Other Prd. into Annular
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 65 ft. to 163 ft. Material Sand Size 1C
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	6	1	80	SDR ₈	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6	90	100	SDR ₈	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6	110	123	SDR ₈	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6	133	148	SDR ₈	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6	158	163	SDR ₈	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type Slotted Material PVC

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	6	80	90	.020			pipe
Screen	Casing	6	100	110	.020			pipe
Screen	Casing	6	123	133	.020			pipe
Screen	Casing	6	148	158	.020			pipe

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
36		40	1 HR
45		50	1 HR
52		60	1 HR

Temperature 57 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) _____
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
 County WASHINGT Twp 1 S N/S Range 2 W E/W WM
 Sec 8 SW 1/4 of the NW 1/4 Tax Lot 200
 Tax Map Number _____ Lot _____
 Lat _____ ° 0 ' " or _____ DMS or DD
 Long _____ ° 0 ' " or _____ DMS or DD
 Street address of well Nearest address

2555 SE MINTER BRIDGE RD

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening	Completed Well	Date	SWL(psi)	SWL(ft)
		06/01/2006		0

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 80

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
06/01/2006	80	90	52		0
06/01/2006	100	110	52		0
06/01/2006	123	133	52		0
06/01/2006	148	158	52		0

(11) WELL LOG Ground Elevation _____

Material	From	To
Fill	0	1
Brown Clay	1	5
Dark Gray Clay	5	28
Fine Black Silty Sand	28	59
Soft Gray Clay	59	78
Fine to Coarse Black Sand	78	90
Soft Gray Clay	90	100
Fine to Medium Black Sand	100	110
Soft Gray Clay	110	124
Fine to Medium Black Sand	124	131
Sticky Gray Clay	131	149
Fine to Medium Gray-Brown Sand	149	158
Soft Gray Clay	158	163

Date Started 05/24/2006 Completed 06/01/2006

(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.
 License Number _____ Date _____
 Password: (if filing electronically) _____
 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.
 License Number 1266 Date 6/5/06
 Password: (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____

