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

WASH
6536

AUG - 1 1988

(START CARD) #

14/4W-2cd
1416

(1) OWNER: Well Number: _____
Name Maple Headquarters, N. W.
Address 2813 Pacific Avenue, Suite C
City Forest Grove State OR Zip 97116

WATER RESOURCES DEPARTMENT LOCATION OF WELL by legal description:

County Wash. Latitude _____ Longitude _____
Township 1 N N or S, Range 4 W E or W, WM.
Section 2 SE $\frac{1}{4}$ SW $\frac{1}{4}$
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Kansas City Farm
Kansas City Rd.

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Yes No
Depth of Completed Well 815 ft.
Explosives used Type _____ Amount _____

(10) STATIC WATER LEVEL:
87 ft. below land surface. Date 7/26/88
Artesian pressure _____ lb. per square inch. Date _____

HOLE SEAL Amount
Diameter From To Material From To sacks or pounds
1 1/4 - 3/4 0 180 Cement 0 50 30 sacks
10 180 815 " 130 180 30 "

(11) WATER BEARING ZONES:
Depth at which water was first found 195

From	To	Estimated Flow Rate	SWL
195	231	20	87
331	336	30	"
454	475	100	"
486	815	200	"

How was seal placed: Method A B C D E
 Other _____
Backfill placed from 50 ft. to 130 ft. Material HiVisc. gel
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Rock fill	0	1	
Red, brown & gray clays	1	104	
Brown basalt, decomposed	104	115	
Brown & Red-brown clay, occ. rock fragment	115	128	
Brown basalt, decomposed	128	148	
Gray-brown basalt	148	153	
Brown basalt, soft	153	164	
Gray-black basalt, occ. brown	164	178	
Gray-brown basalt, occ. hard gr-			
basalt, occ. broken streaks	178	331	87
Brown basalt, soft, broken	331	336	"
Gray & gray-brown basalt	336	454	
Brown & black basalt & lava, occ. red lava	454	475	87
Gray-black basalt, hard	475	486	
Black basalt, occ. lava fractrd	486	494	87
Gray-black basalt, hard occ WB	494	644	87
Gray-basalt, hard, fract. " "	644	714	87
Black basalt broken, occ clay-stone	714	721	87
Gray-black basalt, hard, occ. fractured streak	721	806	87

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: 10 +1 180 250
Liner: _____
Final location of shoe(s) _____

Date started 6/24/88 Completed 7/26/88

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

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 450-500 Drawdown _____ Drill stem at 450 Time 1 hr.

WWC Number _____
Signed _____ Date _____

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: _____

(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 well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 573
Signed _____ Date 7/28/88

RECEIVED

1W/4W-2ed

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

AUG - 1 1988

(START CARD) #

(1) OWNER:

Name Maple Holdings Well Number: Page 2 WATER RESOURCES DEPT., SALEM, OREGON

(2) TYPE OF WORK:

Address City State Zip

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation Thermal Injection 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, SEAL From, To, Material, Amount 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

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method Screens Type Material

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 Flowing Artesian Yield gal/min Drawdown Drill stem at Time

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:

Latitude Longitude Township N or S, Range E or W, WM. Section 1/4 1/4 Tax Lot Lot Block Subdivision Street Address of Well

(10) STATIC WATER LEVEL:

ft. below land surface. Date 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 Completed

(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 well construction standards.

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.

WWC Number Signed Date