WASH 6554

File Original and First Copy with the STATE ENGINEER, SALEM, OREGON

WATER WELL REPORT

| i. | Well | Nο | 1N/4W-3 | |
|----|----------|----|---|---|
| • | *** 0.12 | | *************************************** | • |

STATE OF OREGON State Permit No. Drawdown is amount water level is lowered below static level (1) OWNER: (11) WELL TESTS: Spangler 1. Forest Grove! Was a pump test made? 🗌 Yes 📋 No If yes, by whom? 🎵 👢 🥞 33 gal./min. with 66 ft. drawdown after (2) LOCATION OF WELL: ft. drawdown after Bailer test gal./min. with hrs. County WAShing Ten Owner's number, if any-Artesian flow g.p.m. Date 14 N, W 14 Section 3 T. 1. N R. 4.W W.M. Temperature of water Was a chemical analysis made?

Yes

No Bearing and distance from section or subdivision corner (12) WELL LOG: Diameter of well Depth drilled 467 ft. Depth of completed well 487 Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation. OPSOIL + Red CLAY (3) TYPE OF WORK (check): Jecombosed BASALT New Well Deepening 🗌 Reconditioning [Abandon | Grey BASALT If 2bandonment, describe material and procedure in Item 11. IMMER FLAW, Some ROPOSED USE (check): (5) TYPE OF WELL: Domestic Industrial Municipal Driven Grey BASALT Jetted Irrigation ☐ Test Well ☐ Other MERFLOW Dug Bored (6) CASING INSTALLED: Threaded 🔲 Welded 🗹 203 S "Diam. from D ft. to 122.7 ft. Gage S 13ASALT " Diam. from ft. to ft. Gage WAS MAde. Pulmiped Insufficient UANTITY Blue BASALT (7) PERFORATIONS: Perforated? Yes No Grex BASALT Type of perforator used WE BASALT in. by ìn. SIZE of perforations perforations from _____ ft. to ____ ft. perforations from _____ ft. to _____ ft. LUE BASALT perforations from ft. to ft. perforations from _____ ft. to _____ ft. perforations from _____ ft. to _____ ft. 45 Inner FLOW STEANING GUALTS STATIC CHANGE Well screen installed ☐ Yes ☐ No (8) SCREENS: Manufacturer's Name Model No. STATIC 76-6 Slot size Set from ft. to ft. Slot size Set from ft. to ft. Work started Completed (9) CONSTRUCTION: (13) PUMP: Gornell Pump Was well gravel packed? 🗌 Yes 🗍 No Size of gravel: Gravel placed from ft. to ft. Was a surface seal provided? ☐ Yes ☐ No To what depth? ft. Material used in seal-Well Driller's Statement: Did any strata contain unusable water?

Yes

No This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Type of water? Depth of strata Method of sealing strata off (10) WATER LEVELS: Static level 76 6 ft. below land surface Date 5/6 lbs. per square inch Date Artesian pressure Driller's well number ... Log Accepted by: [Signed] yeste nese

(USE ADDITIONAL SHEETS IF NECESSARY)

WASH 6554

| ~ | | For Official Use Only: | | | |
|---|--------------------------|------------------------|---------------------------|--|--|
| 7 | RECEIVED eived Date: | County Well Log ID# | Well Identification Tag # | | |
| 7 | DEC 0 8 2 000 | (Wash 6554) | 47310 | | |

WATER RESOURCES DEPT. SALEM, OREGON

WELL IDENTIFICATION APPLICATION FORM

| Please Return Completed Form to: Well Identification Program Oregon Water Resources Department 158 12th Street NE Salem, OR 97301-4172 | | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| If Yes: Application #: Permit #: Certificate #: | | | | | | | | |
| Does this well have a formal water right associated with it? Yes: | | | | | | | | |
| Diameter of Exposed Well Casing (ir. inches): | | | | | | | | |
| Well Depth (in feet): 487 Static Water Level (in feet): 76 6" | | | | | | | | |
| Name of Owner at Time of Construction: Richard Spangler | | | | | | | | |
| Well Constructor: Harty Bids County Log# WASH-6554 | | | | | | | | |
| Start Card Number: Approx. Construction Date: | | | | | | | | |
| WELL INFORMATION: (Complete is many blanks as you can. Attach a copy of well log if available) | | | | | | | | |
| Street Address of Well (if different from above): Rt. 1 Forest Gavore OR | | | | | | | | |
| Type of Well: water supply monitoring | | | | | | | | |
| Quarter Quarter (NE, SE, NW, SW, etc.): SW/2 1/4 NW 1/4 Tax Lot Number: | | | | | | | | |
| Township: Mor S (circle one), Range: 4 E on (circle one), Section # 3 | | | | | | | | |
| County: Washing ton Owner's Well Number (1st or 2nd, etc) | | | | | | | | |
| WELL LOCATION: | | | | | | | | |
| NOTE: Well Identification Tag will be sent to the above address unless otherwise specified. | | | | | | | | |
| City: Turner State: OR Zip: 97392 Phone: (503) 588-9463 | - | | | | | | | |
| Mailing Address: 8800 Enchanted Way SE | | | | | | | | |
| Name: Tualative Estate | | | | | | | | |
| BUYER/CURRENT WELL OWNER: | | | | | | | | |

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revised 8-21-00