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



<i>V</i>		
WELL LABEL # L	98574	
START CARD #	200788	

(1) LAND OWNER Owner Well I.D. WASH 6099	(9) LOCATION OF WELL (legal description)
First Name Last Name	County WASHING Twp 1 N N/S Range 3 W E/WWM
Company ROTH DEVELOPMENT	Sec 11 NE 1/4 of the NE 1/4 Tax Lot 2200
Address 3450 NW 65TH ST	Tax Man Number Lot
City SEATTLE State WA Zip 98117	Lat ° ' "or DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long or DMS or DD
Alteration (repair/recondition) Abandonment	Street address of well Nearest address
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud	W END OF RUNWAY; AT NE CRNR OF NW BEACH AND NW GORDON
Rotary Air Rotary Midd Cable Augel Cable Midd Reverse Rotary Other N.A.	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening
Industrial/Commercial Livestock Dewatering	Completed Well 02-24-2009 39
Transact Officerion Other	Flowing Artesian? Dry Hole?
	WATER BEARING ZONES Depth water was first found
(5) BORE HOLE CONSTRUCTION Special Standard X Attach copy)	SWL Date From To Est Flow SWL(psi) + SWL(ft)
Depth of Completed Wellft.	
BORE HOLE SEAL sacks/	
Dia From To Material From To Amt Ibs	
	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	Material From To
Other	EXISTING WELL "WASH 6099"
Backfill placed from ft. to ft. Material	SPECIAL STANDARD, CASING EXTENSION &
Filter pack from ft. to ft. Material Size	WATER TIGHT VAULT INSTALLATION
Explosives used: Yes Type Amount	EXISTING VAULT REMOVAL, CASING
	SURFACE SEAL SUBSIDED- PROBED ANNUL 2 14
(6) CASING/LINER	BENTONITE SEAL 14 FILLED ANNULAR TO PIT FLOOR W/ BENT 14 2
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	EXTEND 6" CASING W/ PITLESS UNIT
<u>6</u> <u>.5</u> <u>2.5</u> <u>.250</u> <u> ∞</u> <u>×</u> _	INSTALL WATER TIGHT VAULT
	DECEIVED
	RECEIVED
St. Cl. in Co.id. Codes. Location of the (c)	MAR 0 3 2009
Shoe Inside Outside Other Location of shoe(s)	
Temp casing Yes Dia From To	WATER RESOURCES DEPT
(7) PERFORATIONS/SCREENS	SALEM, OREGON
Perforations Method	JACON, VILLE
Screens TypeMaterial	
Perf/S Casing/ Screen Setn/slot Slot # of Tele/ creen Liner Dia From width length slots pipe size	Date Started 02-23-2009 Completed 02-25-2009
	(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.
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(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date
Pump Bailer Air Flowing Artesian	Password : (if filing electronically) Signed
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	
	(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
Temperature °F Lab analysis Yes By	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.
Water quality concerns? Yes (describe below)	1 N .
From To Description Amount Units	License Number 573 Date 3-2-2009 Passward: (infitting electronically)
	Password: (Infinity gelectronically) Signed
	Contact Info (optional)
	Contact into (optional)