

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

WASH 68758

WELL LABEL # L 93024

START CARD # 196338

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

(1) LAND OWNER Owner Well I.D. _____
 First Name ALAN Last Name PEDERSON
 Company _____
 Address 32415 SW UNGER RD
 City CORNELIUS State OR Zip 97113

(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 Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 225 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
10"	0	21	BENTONITE	0	21	550	LBS
6"	21	100					
8"	100	111	CEMENT SACK	100	111	300	LBS
6"	111	225					

How was seal placed: Method A B C D E Other 3/8" #7B BENTONITE POURED DRY- PORTLAND CEMENT-BALLER
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		6"	+	1	111	.250	X		X	

Shoe Inside Outside Other Location of shoe(s) 111'
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
/										

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
75 GPM		100'	1 HR
40 GPM		40'	1/4 HR
20 GPM		20'	1/4 HR

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) _____

From	To	Description	Amount	Units
/				

(9) LOCATION OF WELL (legal description)
 County WASHINGTON Twp 1-S N or S Range 3-W E or W W.M.
 Sec 25 NN 1/4 of the SW 1/4 Tax Lot 2901
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL

Existing Well/Deepening	Date	SWL (psi)	+	SWL (ft)
	<u>3-25-10</u>			<u>3 1/2</u>
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 160'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>3-23-10</u>	<u>160</u>	<u>214</u>	<u>100+</u>			<u>3 1/2</u>

(11) WELL LOG Ground Elevation Aprox 230'

Material	From	To
TOPSOIL	0	2
CLAY BROWN	2	15
CLAY BLUE	15	45
" REDISH BROWN	45	92
" BROWN-W- BROKEN BASALT	92	96
BASALT DECOMPOSED BROWN	96	105
" BLACK MED HARD	105	140
" BLACK-BROWN WITH OCC	140	
FRACTURE ZONES-SOFT-MED		160
" BROWN-BLACK HIGHLY FRGT.	160	187
" GREY HARD	187	192
" BROWN BLACK-W-RED	192	
CENDERS SOFT FRACTURED		207
" BLUE BLACK VASCULAR SOFT	208	214
" BLACK FIRM	214	225

Date Started 17 MARCH 10 Completed 23-MARCH 10

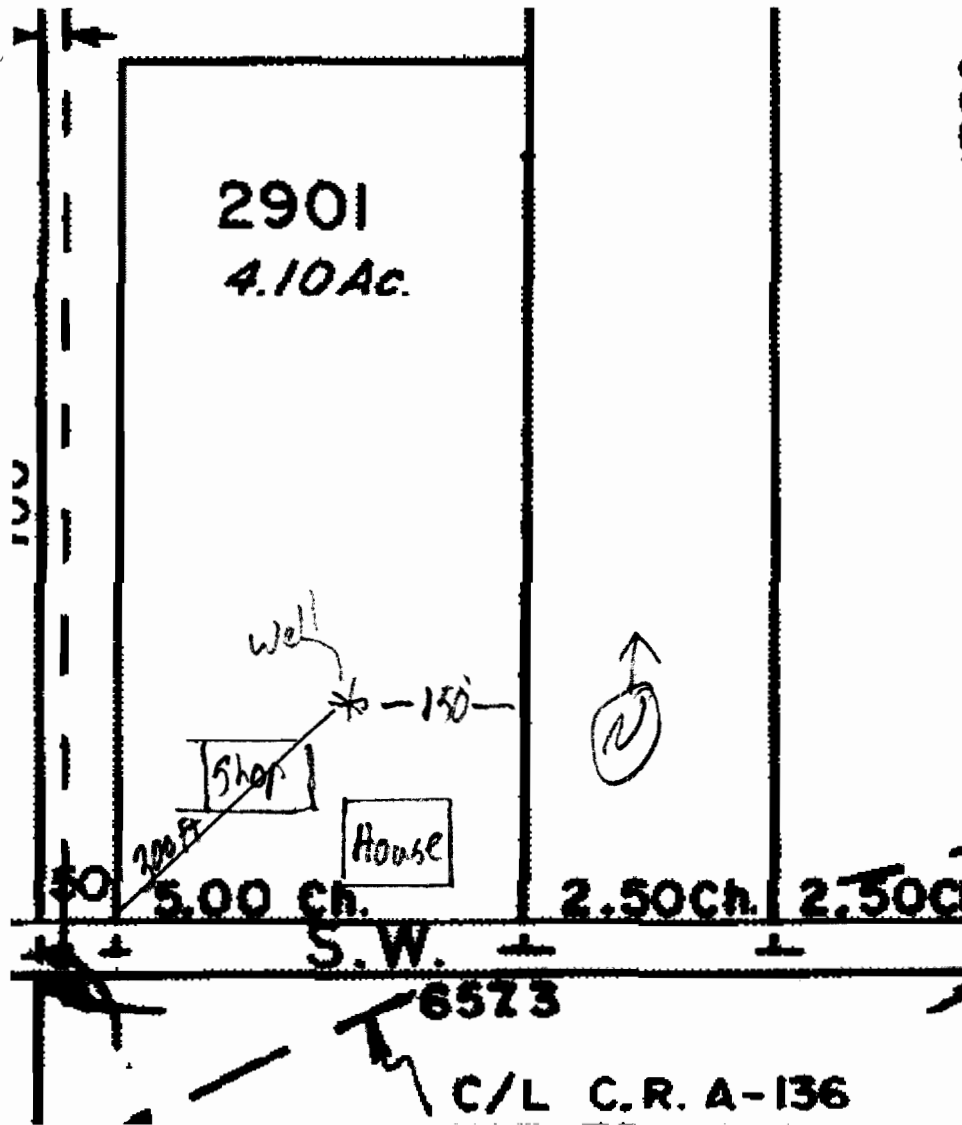
(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 1538 Date 25-MARCH-2010
 Signed [Signature]

(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 602 Date 3/26/2010
 Signed Stanley Gaunt
 Contact Info. (optional) A.J. GAUNT & SON
Gaston, Oregon 503-985-7999

MAY 25 2010

WATER RESOURCES DEPT
SALEM, OREGON

EXEMPT USE WELL LOCATION MAP



↑N

Washington County

Assessor Map Reference Number: 1S 3W 25 NWSW; Tax Lot 2901

Street Address of Well, if Available: 32415 SW Unger Road, Cornelius, OR.

Well Log # WASH 68758, Well Label (ID Tag) # L 93024. (Please Locate Well and Indicate distance From Property or Survey Corner, See Attached Sample Well Location Map.). You may also locate your well using our exempt use well mapping tool on

our website at [www.wrd.state.or.us/owrd/exempt use 788 info.shtml](http://www.wrd.state.or.us/owrd/exempt_use_788_info.shtml) or by

contacting the Exempt Use Well Program Coordinator at 503 986-0861.

PAPER MAP NOT TO SCALE

LAND OWNER SUBMITTED MAP