

STATE OF OREGON
MONITORING WELL REPORT
 (as required by ORS 537.765 & OAR 690-240-095)

WASH
 55004

Well ID# 22807 225864

Start Card # 122029

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

(1) OWNER/PROJECT: WELL NO. DMW-9A
 Name Crestline Capitol Corp
 Address 10400 Fernwood Rd
 City Bethesda State MD Zip 20817-1110

(6) LOCATION OF WELL By legal description
 Well Location: County Washington
 Township 1S (N or S) Range 1W (E or W) Section 27
 1. SE 1/4 of NE 1/4 of above section.
 2. Either Street address of well location
8500 SW Nimbus Dr, Beaverton
 or Tax lot number of well location _____
 3. ATTACH MAP WITH LOCATION IDENTIFIED. Map shall include approximate scale and north arrow.

(2) TYPE OF WORK:
 New construction Alteration (Repair/Recondition)
 Conversion Deepening Abandonment

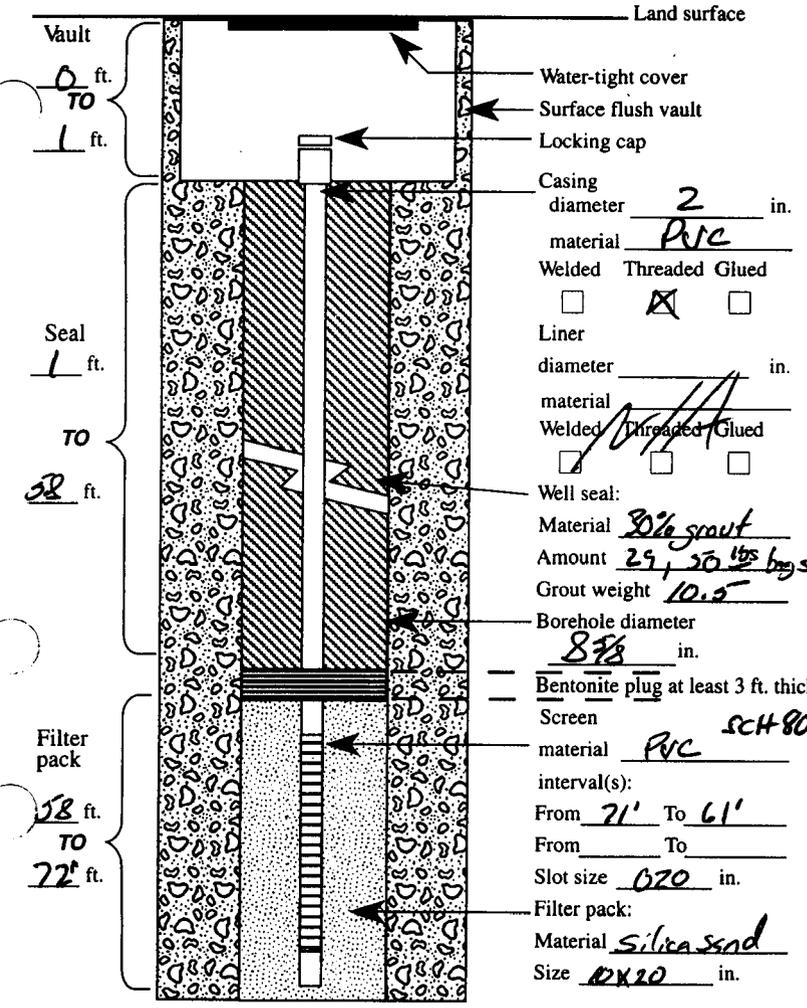
(3) DRILLING METHOD
 Rotary Air Rotary Mud Cable
 Hollow Stem Auger Other _____

(7) STATIC WATER LEVEL:
2 Ft. below land surface. Date 7/5/99
 Artesian Pressure _____ lb/sq. in. Date _____

(4) BORE HOLE CONSTRUCTION
 Special Standards Yes No Depth of completed well 71' ft.
 Land surface _____

(8) WATER BEARING ZONES:
 Depth at which water was first found _____

From	To	Est. Flow Rate	SWL
0	20'	10 gpm	
50'	80'	60 gpm	7



(9) WELL LOG: Ground elevation _____

Material	From	To	SWL
Darks gray silt	0	8	
Brown silt	8	17	
Weathered Basalt	17	30	
Black Basalt	30	60	
Black Basalt with vesicles	60	80	
Backfill 3/8" best. chips	72	80	
20/40 sand	58	60	
RECEIVED			
AUG 02 1999			
WATER RESOURCES DEPT. SALEM, OREGON			
Date started	<u>7-5-99</u>	Completed	<u>7-7-99</u>

(5) WELL TEST:
 Pump Bailer Air Flowing Artesian
 Permeability _____ Yield _____ GPM
 Conductivity _____ PH _____
 Temperature of water 56 °C Depth artesian flow found _____ ft.
 Was water analysis done? Yes No
 By whom? _____
 Depth of strata to be analyzed. From _____ ft. to _____ ft.
 Remarks: _____
 Name of supervising Geologist/Engineer _____

(unbonded) Monitor 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 the best knowledge and belief.
 MWC Number 10404
 Signed _____ Date 7-7-99

(bonded) Monitor 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.
 MWC Number 10024
 Signed _____ Date 7/29/99

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT
 SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

