

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

WASH
 55005

Well ID# 125866

Start Card # 122030

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

(1) OWNER/PROJECT: WELL NO. Dmw-9B
 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) TYPE OF WORK:
 New construction Alteration (Repair/Recondition)
 Conversion Deepening Abandonment

2. Either Street address of well location
8500 SW NIMBUS DR, Beaverton
 or Tax lot number of well location

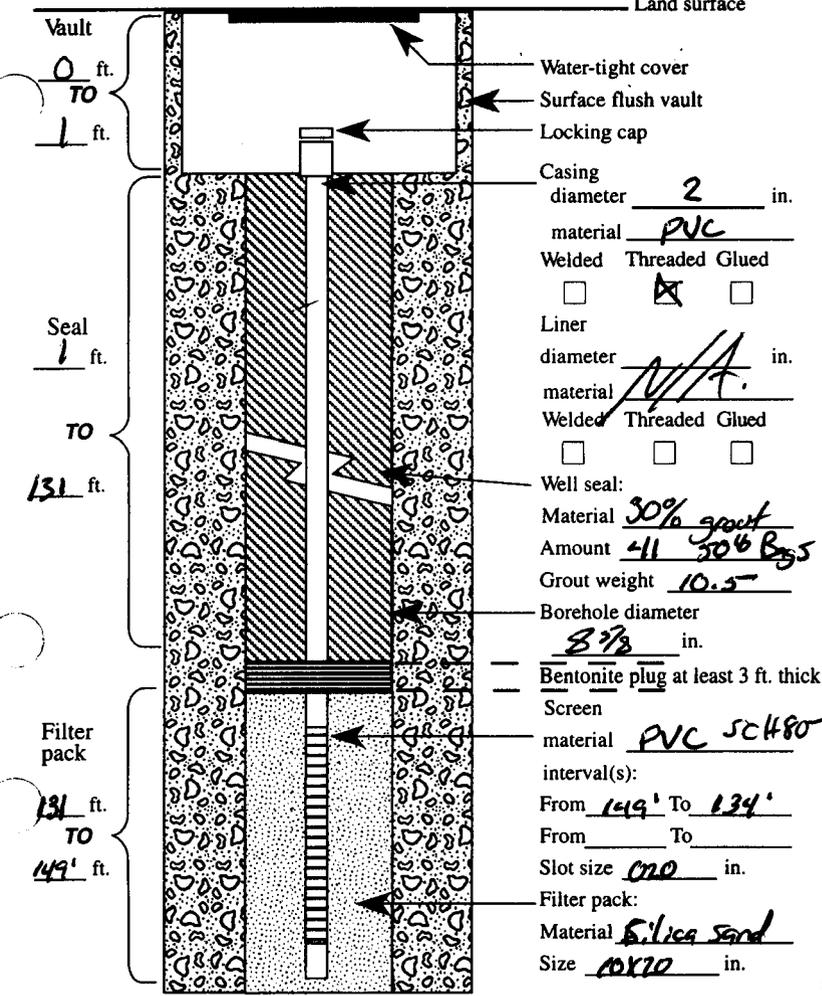
(3) DRILLING METHOD
 Rotary Air Rotary Mud Cable
 Hollow Stem Auger Other

(7) STATIC WATER LEVEL:
5' Ft. below land surface. Date 7-3-99
 Artesian Pressure _____ lb/sq. in. Date _____

(4) BORE HOLE CONSTRUCTION
 Special Standards Yes No
 Depth of completed well 149' ft.
 Land surface

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

From	To	Est. Flow Rate	SWL
<u>5</u>	<u>149</u>	<u>80 GPM</u>	



(9) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Gray and brown silt</u>	<u>0</u>	<u>16</u>	
<u>Weathered Basalt</u>	<u>16</u>	<u>26</u>	
<u>Black Basalt</u>	<u>26</u>	<u>60</u>	
<u>Black Basalt with vesicles</u>	<u>60</u>	<u>80</u>	
<u>Black Basalt</u>	<u>80</u>	<u>137</u>	
<u>Black Basalt w/ vesicles</u>	<u>137</u>	<u>146</u>	
<u>Black Basalt</u>	<u>146</u>	<u>149</u>	
<u>20/40 sand from</u>	<u>131</u>	<u>133</u>	

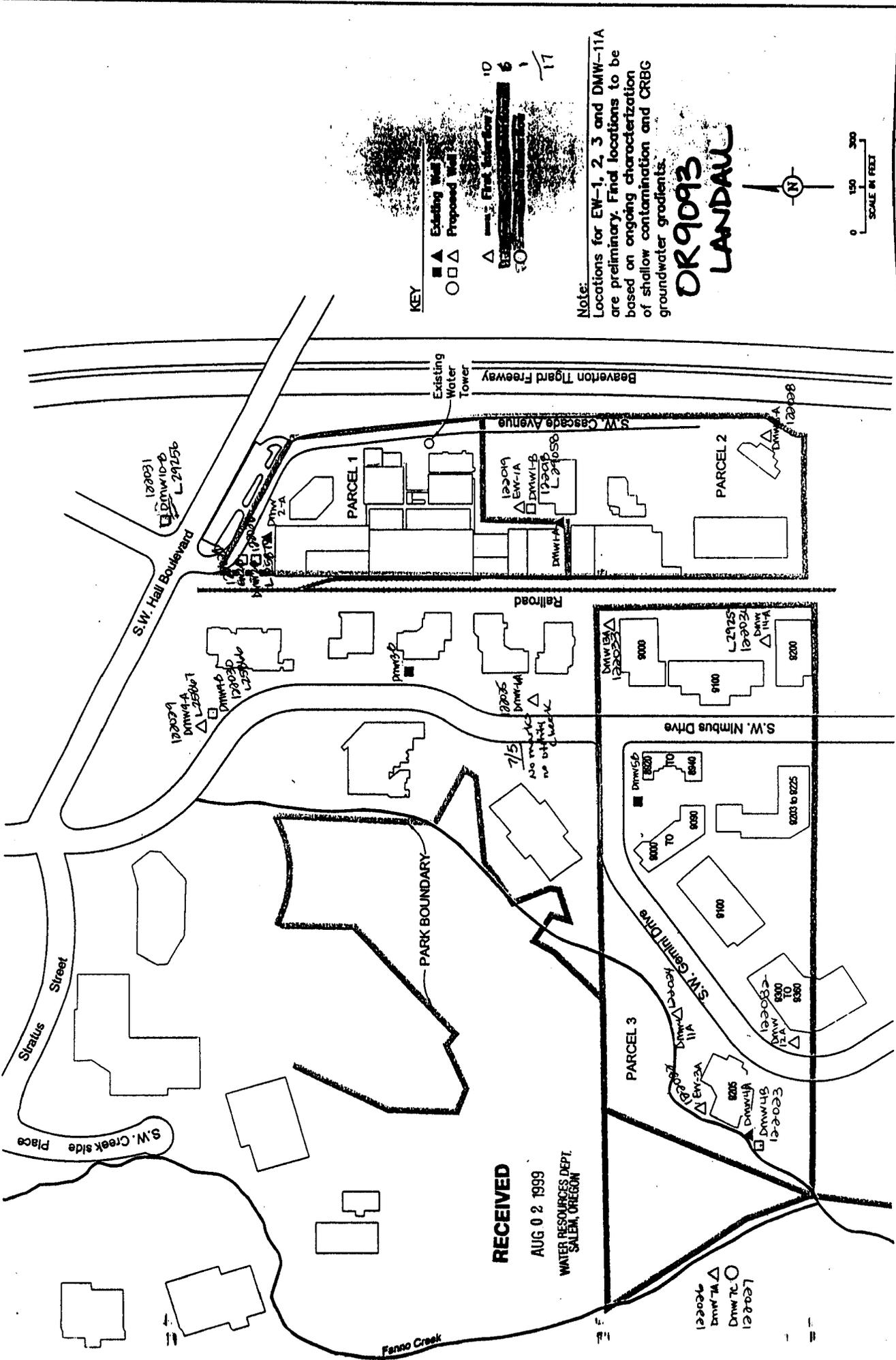
Date started 7-3-99 Completed 7-3-99

(5) WELL TEST:
 Pump Bailer Air Flowing Artesian
 Permeability _____ Yield _____ GPM
 Conductivity _____ PH _____
 Temperature of water 56 °C Depth 149' 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 _____
 ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT

(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.
 Signed _____ MWC Number 10464
 Date 7-3-99

(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.
 Signed _____ MWC Number 10024
 Date 7/29/99
 SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

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 AUG 02 1999
 WATER RESOURCES DEPT.
 SALEM, OREGON



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Note:
Locations for EW-1, 2, 3 and DMW-11A are preliminary. Find locations to be based on ongoing characterization of shallow contamination and CRBG groundwater gradients.

KEY

