

WASH
 55007

Well ID# 629257

Start Card # 122034

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

(1) OWNER/PROJECT: WELL NO. DmW-14A
 Name Nimbus Oaks, LLC
 Address 111 SW Columbia
 City Portland State OR Zip 97202

(6) LOCATION OF WELL By legal description
 Well Location: County Washington
 Township 15 (N or S) Range 1W (E or W) Section 27
 1. NE 1/4 of SE 1/4 of above section.

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

2. Either Street address of well location
9200 SW Nimbus Dr, Beaverton, OR
 or Tax lot number of well location
 3. ATTACH MAP WITH LOCATION IDENTIFIED. Map shall include approximate scale and north arrow.

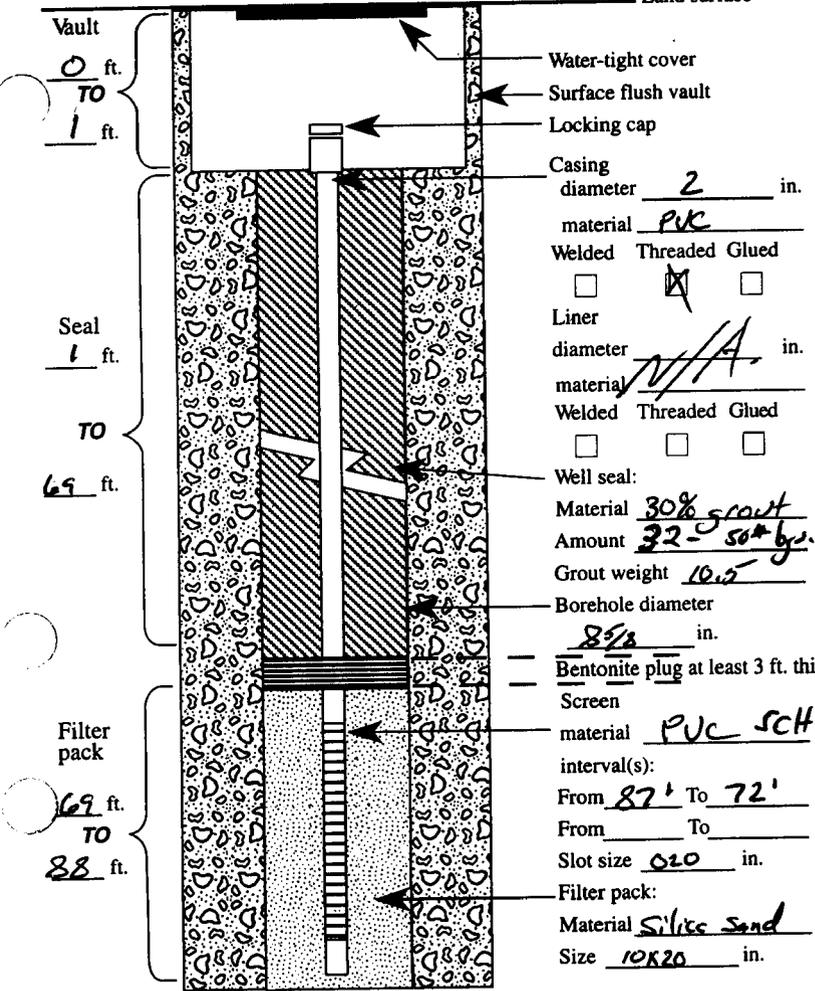
(3) DRILLING METHOD
 Rotary Air Rotary Mud Cable
 Hollow Stem Auger Other _____

(7) STATIC WATER LEVEL:
5 Ft. below land surface. Date 7-10-99
 Artesian Pressure _____ lb/sq. in. Date _____

(4) BORE HOLE CONSTRUCTION
 Special Standards Yes No
 Depth of completed well 87' ft. Land surface

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

From	To	Est. Flow Rate	SWL
		<u>~ 100 GPM</u>	



(9) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown silt	0	6	
Blue-gray silt	6	11	
Orange-brn-grn silt	11	20.5	
Westward Basalt	20.5	32	
Black Basalt	32	60	
Basalt w/sand	60	64	
Black Basalt	64	68	
Black Basalt w/vesicles	68	87	
Black Basalt	87	88	
<u>20/40 sand placed</u>	<u>69</u>	<u>71</u>	

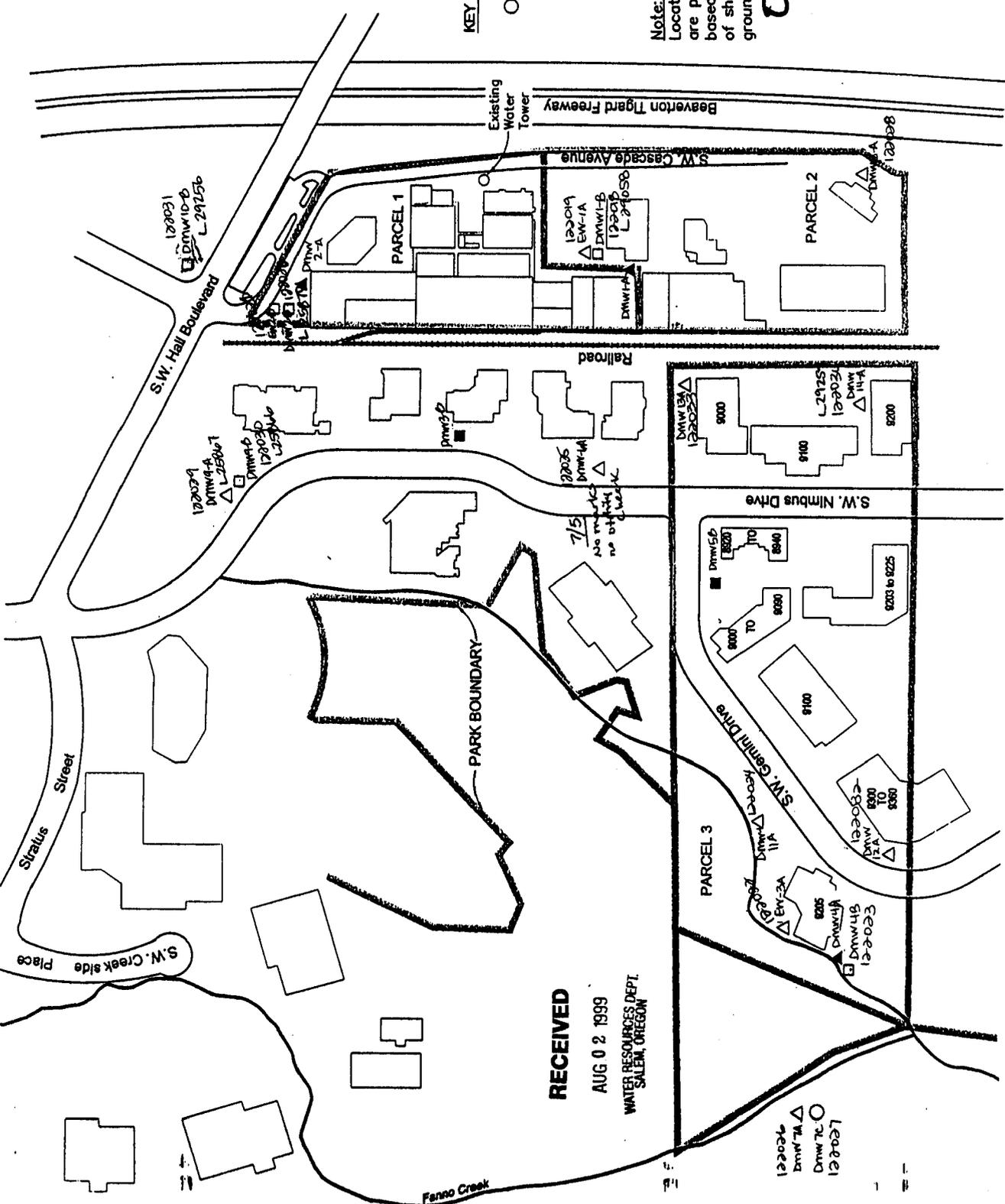
Date started 7-9-99 Completed 7-11-99

(5) WELL TEST:
 Pump Bailer Air Flowing Artesian
 Permeability _____ Yield _____
 Conductivity _____ PH _____
 Temperature of water 56 °F Depth of 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 _____
 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.
 MWC Number 10469
 Signed _____ Date 7-11-99

(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
 SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

RECEIVED
 AUG 02 1999
 WATER RESOURCES DEPT.
 SALEM, OREGON



KEY

- Existing Well
- Proposed Well
- △ First Monitoring Point

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.

**OR9093
 LANDAUL**



0 150 300
 SCALE IN FEET

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 WATER RESOURCES DEPT.
 SALEM, OREGON

12004 DMW-7A
 DMW-7C
 12002L

120031 DMW-10-B
 L-29756

120079 DMW-4-A
 L-238047

12005 DMW-1-A
 DMW-1-B
 DMW-1-C

DMW-15A
 120022

DMW-15B
 120023

DMW-11A
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DMW-11B
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