

WASH
 56000

Well ID# L39204

Start Card # 130045

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

(1) OWNER/PROJECT: WELL NO. DmW-18A
 Name PS Business Parks LP DEPT: PT
 Address PO BOX 125025 OR 9703090
 City Glendale State CA Zip 91201

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

(2) TYPE OF WORK:
 New construction Alteration (Repair/Reconditioning)
 Conversion Deepening Rehabilitation

2. Either Street address of well location
9125 SW Gemini Dr. Beaverton, OR
 or Tax lot number of well location 700

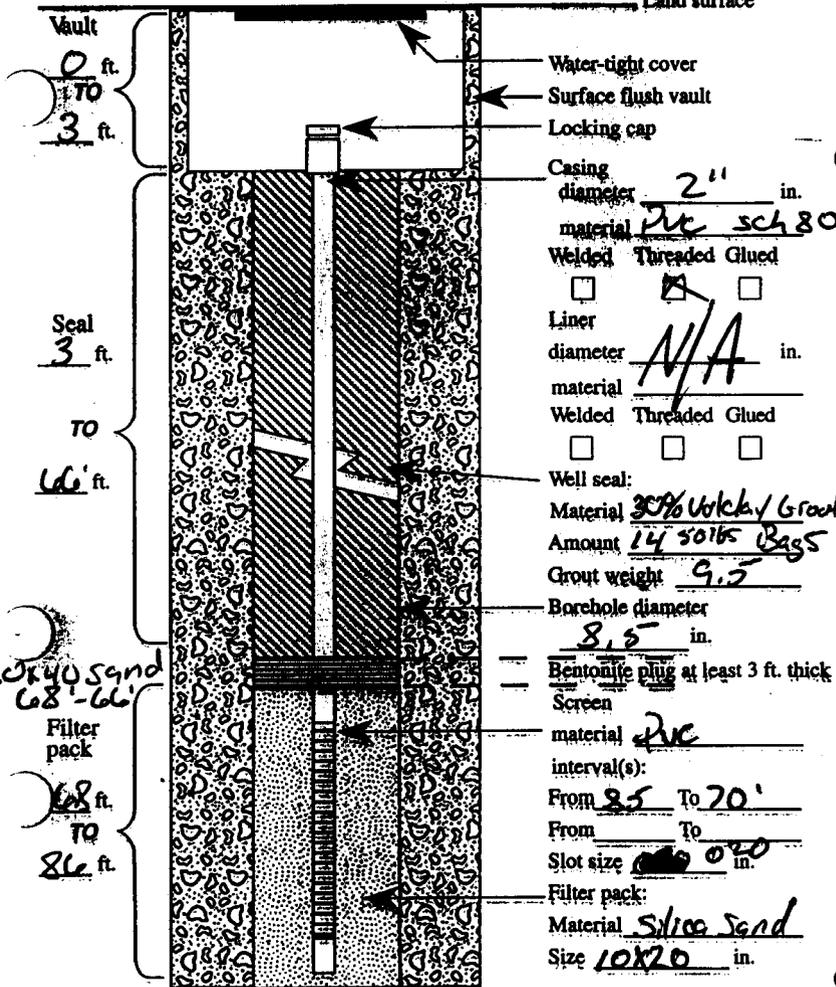
(3) DRILLING METHOD
 Rotary Air Rotary Mud Cable
 Hollow Stem Auger Other _____

(7) STATIC WATER LEVEL:
14 Ft. below land surface. Date 5-16-00
 Artesian Pressure _____ lb/sq. in. Date _____

(4) BORE HOLE CONSTRUCTION
 Special Standards Yes No
 Depth of completed well 85' 94" ft.

(8) WATER BEARING ZONES:
 Depth at which water was first found 30'

From	To	Est. Flow Rate	SWL
30'	64'	1 GPM	14'
64'	94'	40 GPM	14'



(9) WELL LOG: Ground elevation _____

Material	From	To	SWL
Gray silt with clay	0	18'	
weathered Basalt	18'	24'	14'
Basalt	24'	64'	
Broken Basalt	64'	94'	14'
Back fill hole 94'-86'			
with 3/8 chips 2 50 lbs Bags			
3/8 chips 94'-86'			
2 50 lbs Bags			
hole size 24'-28' 10 3/4"			
24'-94' 8 1/2"			
0-18' 12"			

Date started 5-11-00 Completed 5-16-00

(5) WELL TEST:
 Pump Bailer Air Flowing Artesian
 Permeability _____ Yield _____ GPM
 Conductivity _____ PH _____
 Temperature of water 82 °F/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: _____

(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 100164
 Date 5-16-00

(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 6/6/00

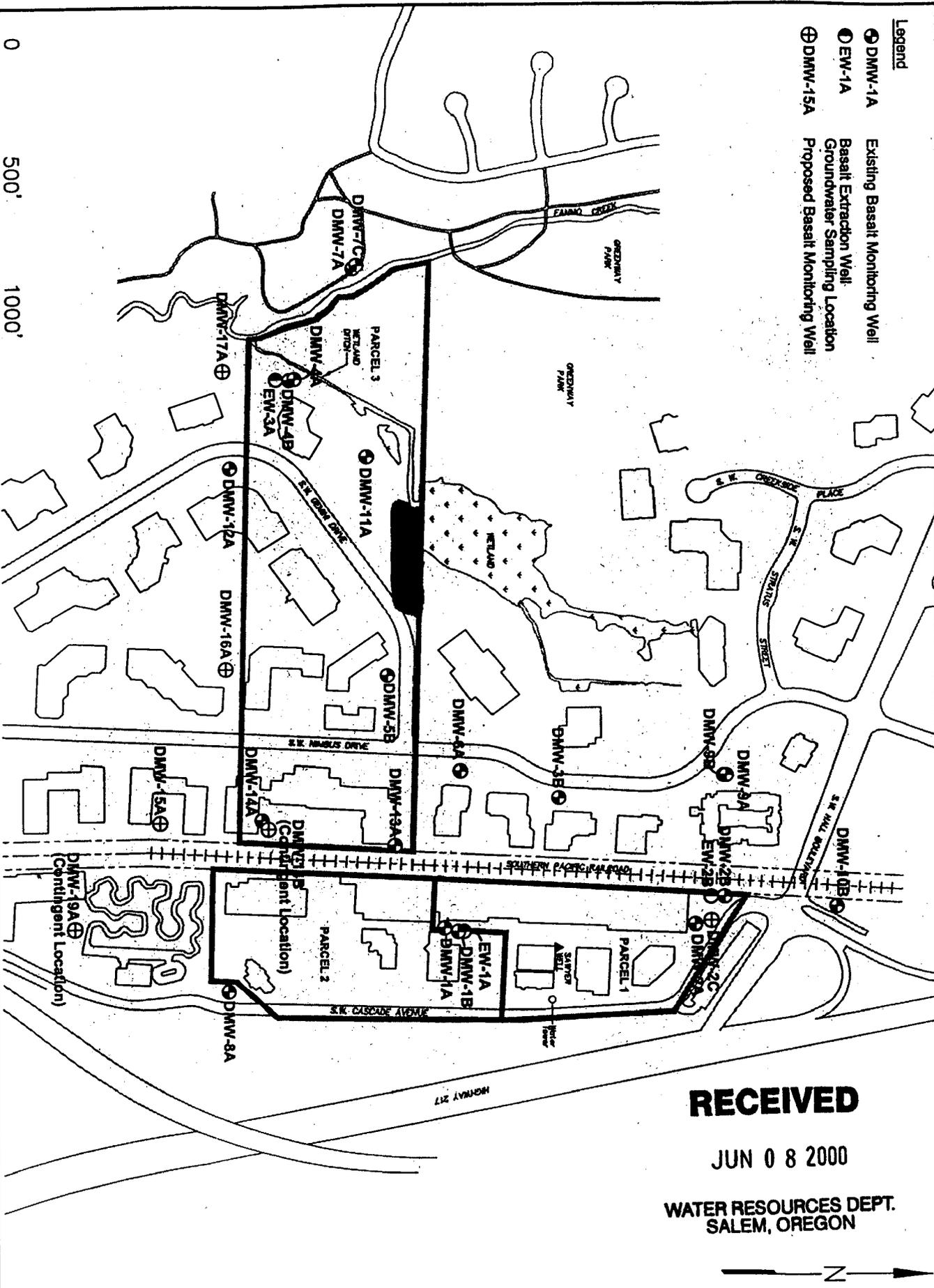
Legend

- ⊕ DMW-1A Existing Basalt Monitoring Well
- ⊙ EW-1A Basalt Extraction Well
- ⊕ DMW-15A Groundwater Sampling Location
- ⊕ DMW-15A Proposed Basalt Monitoring Well



Existing and Proposed CRBG Monitoring and Extraction Wells

Figure 2-3



RECEIVED

JUN 08 2000

WATER RESOURCES DEPT.
SALEM, OREGON

