

MONITORING WELL REPORT

(as required by ORS 537.765 & OAR 690-240-095)

WASH 56201

Well # _____

Start Card # 130049

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

(1) OWNER/PROJECT: WELL NO. DMW-2C
Name Hall St. Assoc. 90 Short Crestment
Address 999 3rd Ave Ste 3000 Burgess PUE
City Seattle State WA Zip 98104

(6) LOCATION OF WELL By legal description
Well Location: County Washington
Township 15 (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 8585 SW Hall Blvd Beaverton, OR
or Tax lot number of well location 100

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

3. ATTACH MAP WITH LOCATION IDENTIFIED. Map shall include approximate scale and north arrow.

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

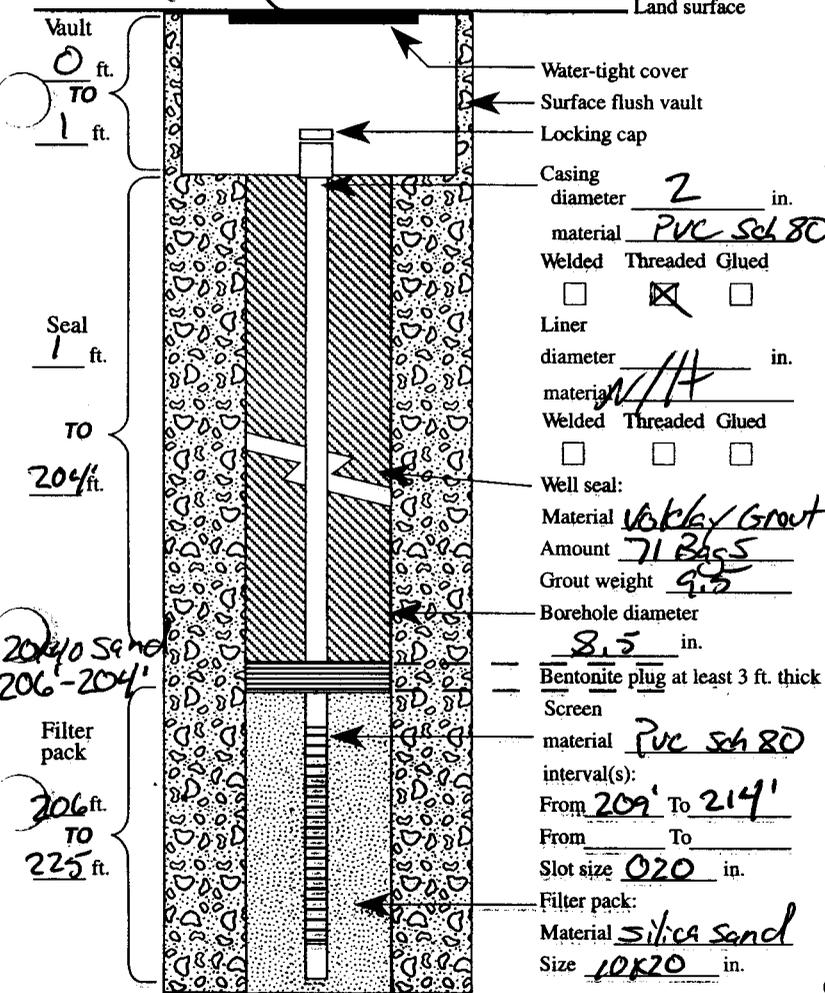
(7) STATIC WATER LEVEL:
32' Ft. below land surface. Date 6/14/00
Artesian Pressure _____ lb/sq. in. Date _____

(4) BORE HOLE CONSTRUCTION

Special Standards Yes [X] No []
Depth of completed well 224' ft.

(8) WATER BEARING ZONES:

Table with 4 columns: From, To, Est. Flow Rate, SWL. Row 1: 32, 225, 15-80 GPM



(9) WELL LOG: Ground elevation _____

Table with 4 columns: Material, From, To, SWL. Rows include Wellhead Box, Box Gray, 16" cas.g., 14" cas.g., 12" cas.g., 8.6" hole.

Date started 6/1/00 Completed 6/14/00

(5) WELL TEST:
[] Pump [] Bailer [] Air [] Flowing Artesian
Permeability _____ Yield _____ GPM
Conductivity _____ RH _____
Temperature of water 56 °F Depth artesian flow found _____ ft.
Was water analysis done? [] Yes [X] No
By whom?
Depth of strata to be analyzed. From _____ ft. to JUL 19 2000 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.
Signed [Signature] MWC Number 10464 Date 7-10-00

(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.
Signed [Signature] MWC Number 10024 Date 7/17/00

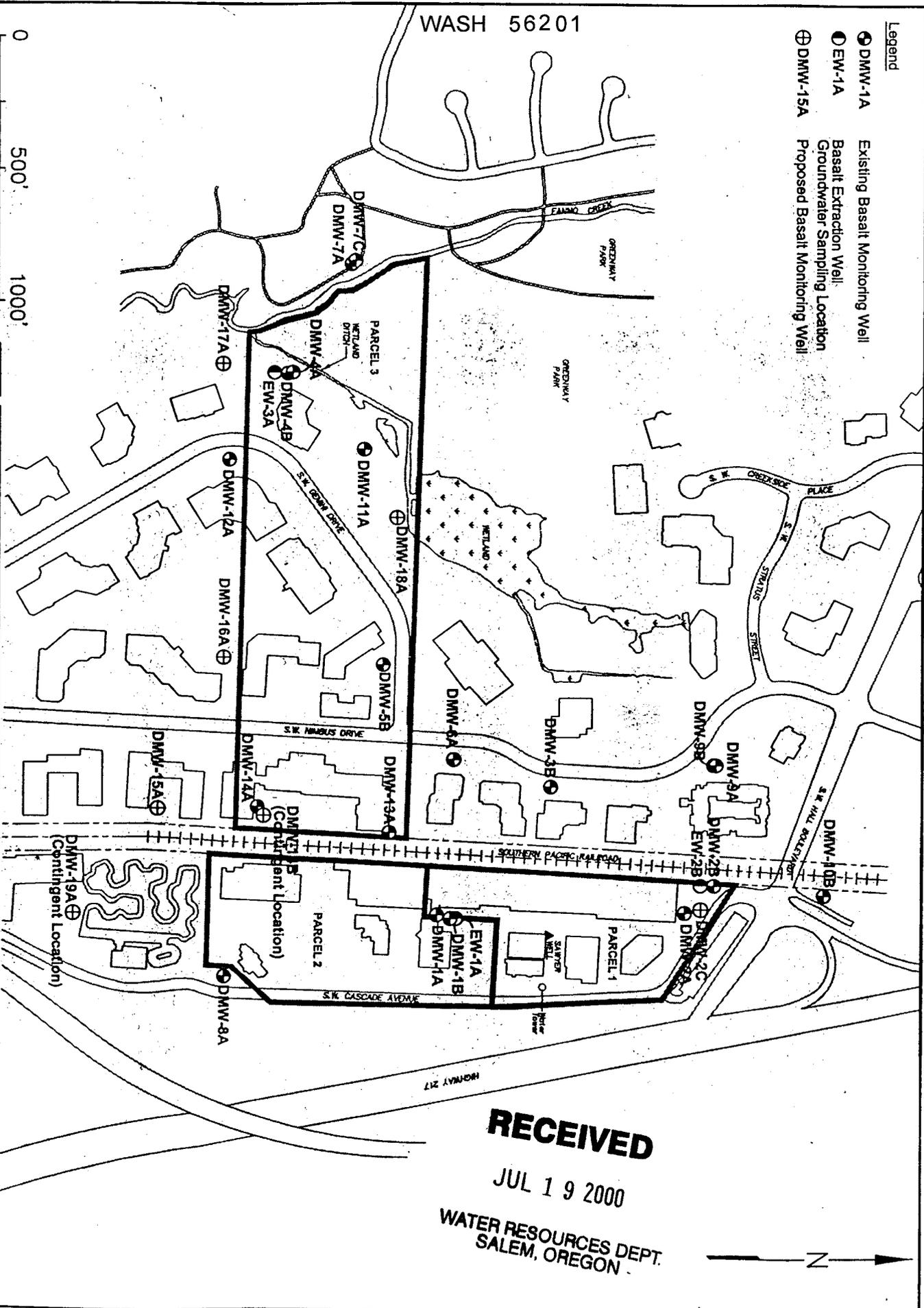
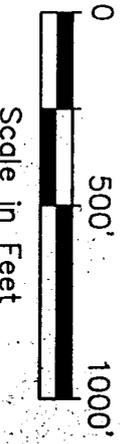
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WATER RESOURCES DEPT SALEM, OREGON

Legend

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

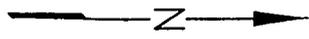
WASH 56201



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Existing and Proposed CRBG Monitoring and Extraction Wells

Figure 2-3