

MONITORING WELL REPORT

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

WASH 56202

Well ID# 458416

Start Card # 130046

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

(1) OWNER/PROJECT: WELL NO. DMW-10A
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. NE 1/4 of SW 1/4 of above section.
2. Either Street address of well location Beaverton, OR
9309 SW Gemini Drive
or Tax lot number of well location 800

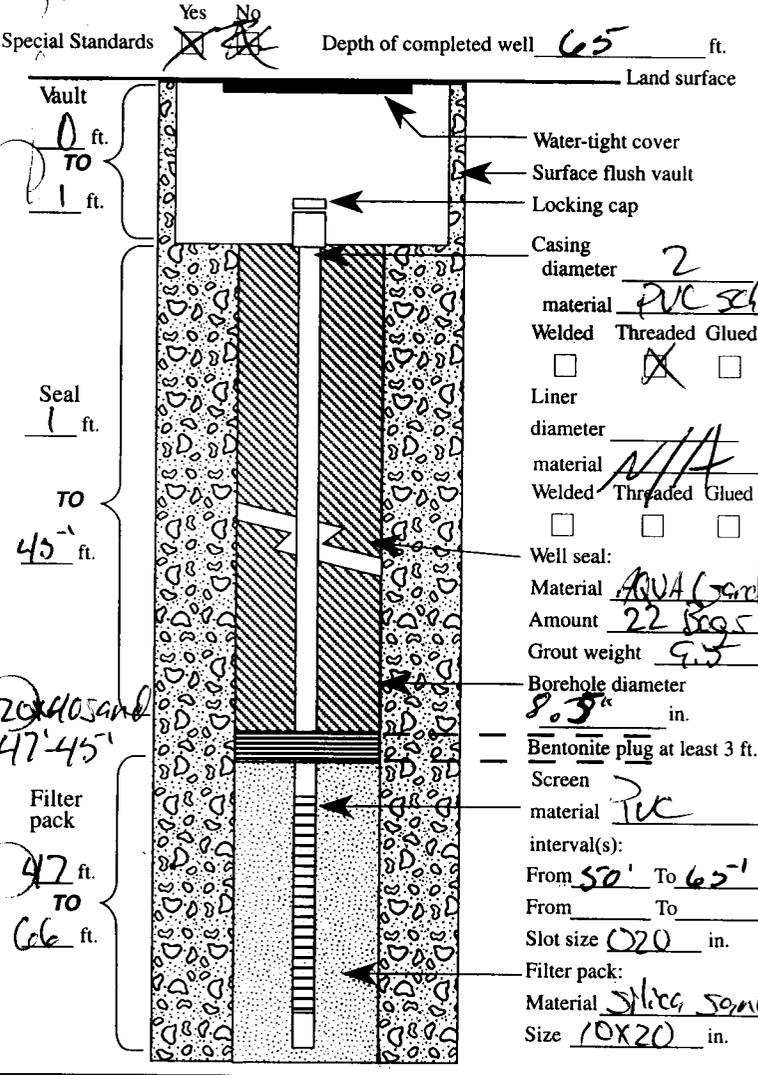
(2) TYPE OF WORK:
[X] New construction [] Alteration (Repair/Recondition)
[] Conversion [] Deepening [] Abandonment

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:
7 Ft. below land surface. Date 6/18/00
Artesian Pressure lb/sq. in. Date

BORE HOLE CONSTRUCTION



(8) WATER BEARING ZONES:
Depth at which water was first found 23

Table with 4 columns: From, To, Est. Flow Rate, SWL. Row 1: 7, 79, 2-50GPM

(9) WELL LOG: Ground elevation

Table with 4 columns: Material, From, To, SWL. Rows include: sandy Gravel (0-17), Basalt Gray (17-79), temporary casing (11'400' 0-18', 9'1800' 18-28', 7'400' 28-79), Bentonite chips: 79-106

(5) WELL TEST:
[] Pump [] Bailer [] Air [] Flowing Artesian
Permeability Yield GPM
Conductivity PH
Temperature of water 56.0 °C Depth artesian ft.
Was water analysis done? [] Yes [] No
By whom?
Depth of strata to be analyzed. From 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. Materials used and information reported above are true to the best knowledge and belief.
Signed [Signature] MWC Number 10064 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. 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 [Signature] MWC Number 10024 Date 7/17/00
SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

Name of supervising Geologist/Engineer OR 0112 ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT

