

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 100341

START CARD # 205057

(1) LAND OWNER Owner Well I.D. _____

First Name Rick Last Name Moen
 Company _____
 Address 16650 SW Pit Rd
 City Hillsboro State OR Zip 97123

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community

Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)

Depth of Completed Well 285 ft.

BORE HOLE			SEAL			Amt	lbs
Dia	From	To	Material	From	To		
10	0	90	Cement	0	90	27	S
8	90	119	Cement	90	119	4	S
6	119	285					

How was seal placed: Method A B C D E

Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	1	119	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf/S Casing/ Screen
 green Liner Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size

Perf/S green	Casing Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20		260	1
15		200	.5

Temperature 55 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County WASHING Twp 2 S N/S Range 3 W E/W WM
 Sec 2 NE 1/4 of the SE 1/4 Tax Lot 4000

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street address of well Nearest address

13317 SW Kleier Dr., Hillsboro, OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	11-25-2009		135

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 62 / 145

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11-24-2009	62	110	5		55
11-25-2009	145	190	10		135
11-25-2009	240	255	8		135

(11) WELL LOG

Material	From	To
Brown & red-brown clay	0	37
Red brown clay, sticky	37	41
Brown rotten rock	41	58
Red brown clay streaks	58	62
Brown rotten rock	62	70
Gray black basalt (boulders) hard	70	72
Gray brown basalt occ. rotten streaks	72	86
Gray brown basalt, firm, occ. fractures	86	110
Gray black basalt, hard	110	145
Black & gray-black basalt occ. lava	145	190
Gray black basalt occ. black basalt	190	240
Gray black basalt, occ. black lava streaks	240	255
Gray black basalt, hard	255	285

Date Started 11-20-2009 Completed 11-25-2009

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number _____ Date _____

Password : (if filing electronically) _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 573 Date 11-30-2009

Password : (if filing electronically) _____

Signed [Signature]

Contact Info (optional) _____

Shell Jelle



Oregon

Theodore R. Kulongoski, Governor

Water Resources Department
North Mall Office Building
725 Summer Street NE, Suite A
Salem, OR 97301-1271
503-986-0900
FAX 503-986-0904

January 13, 2010

RICK MOEN
16650 SW PIT RD
HILLSBORO, OR 97123

RE: Invoice No: 2366 Invoice Date: December 10, 2009 Amount Due: \$300.00

Dear RICK MOEN

We have not heard from you since our previous notice dated December 10, 2009, concerning your account which is past due in the amount of \$300.00. Our records currently reflect that no payment has been made on your account.

If you are disputing that your recently completed well is not subject to the exempt groundwater use recording fee, you must submit in writing by February 12, 2010, the reason(s) the fee is not applicable. If we do not hear from you by February 12, 2010, we will consider the debt liquidated and proceed with the collection actions as required by ORS 293.231.

Please send your payment promptly to avoid further collections actions. If you would like to discuss possible payment arrangements, or if you have questions, you may contact me at (503)986-0861 between the hours of 1:00 p.m. and 3:00 p.m., Monday through Friday.

Sincerely,

Joel W. Jeffery
Exempt Use Well Program
Well Construction And Co

STORE YOUR DUPLICATE CHECKS IN YOUR CHECK BOX.

- Track your expenses...
 - Clothing
 - Credit Card
 - Entertainment
- Food
- Utilities
- Insurance
- Transportation
- Mortgage
- Other: _____

TAX DEDUCTIBLE ITEM

2967

1-18-2010

OREGON WATER RESOURCES Dept.
Three Hundred Dollars + ^{NO}/₁₀₀

INVOICE # 2366
Well Address:
13317 SW Kleier Dr. Hillsboro

BALANCE FORWARD	
THIS ITEM	300.00
BALANCE	
DEPOSIT	
OTHER	
BALANCE FORWARD	



2967

For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE



STATE OF OREGON
WATER RESOURCES DEPARTMENT
North Mall Office Building
725 Summer Street NE, Suite A
Salem, OR 97301-1266
Contact: Exempt Use Well Program Coordinator
at (503)986-0861 (503)986-0902(fax)

Invoice #: 2366

Date: 1/13/2010

RICK MOEN
16650 SW PIT RD
HILLSBORO, OR 97123

SECOND NOTICE*

Well Information:

Well Tag: L- 100341

Well Log #: WASH 68481

Startcard #: 205057

Completed: 11/25/2009

Completed depth: 285

TRSQQ: 2 S 3W 2 NESE

Street of Well: 13317 SW KLEIER DR

Date Landowner Map Received:

Exempt Use Recording Fee

Total Due: \$300.00

OR

Provide a Water Right Permit or Certificate number and Legal description of the well listed on the Permit or Certificate.

Permit /Certificate Number: Well Label # 100341, WASH 68481

Legal Description: 68 Feet North and 90 Feet West, both from North West Corner of 2S 3W 2 NESE, Tax lot 4000

(ie. 530 feet North and 1370 feet East, both from the SW Corner of Section 18, Township 6 South, Range 1 East, W.M.)

* Penalties May Apply

Terms: Due in 30 days

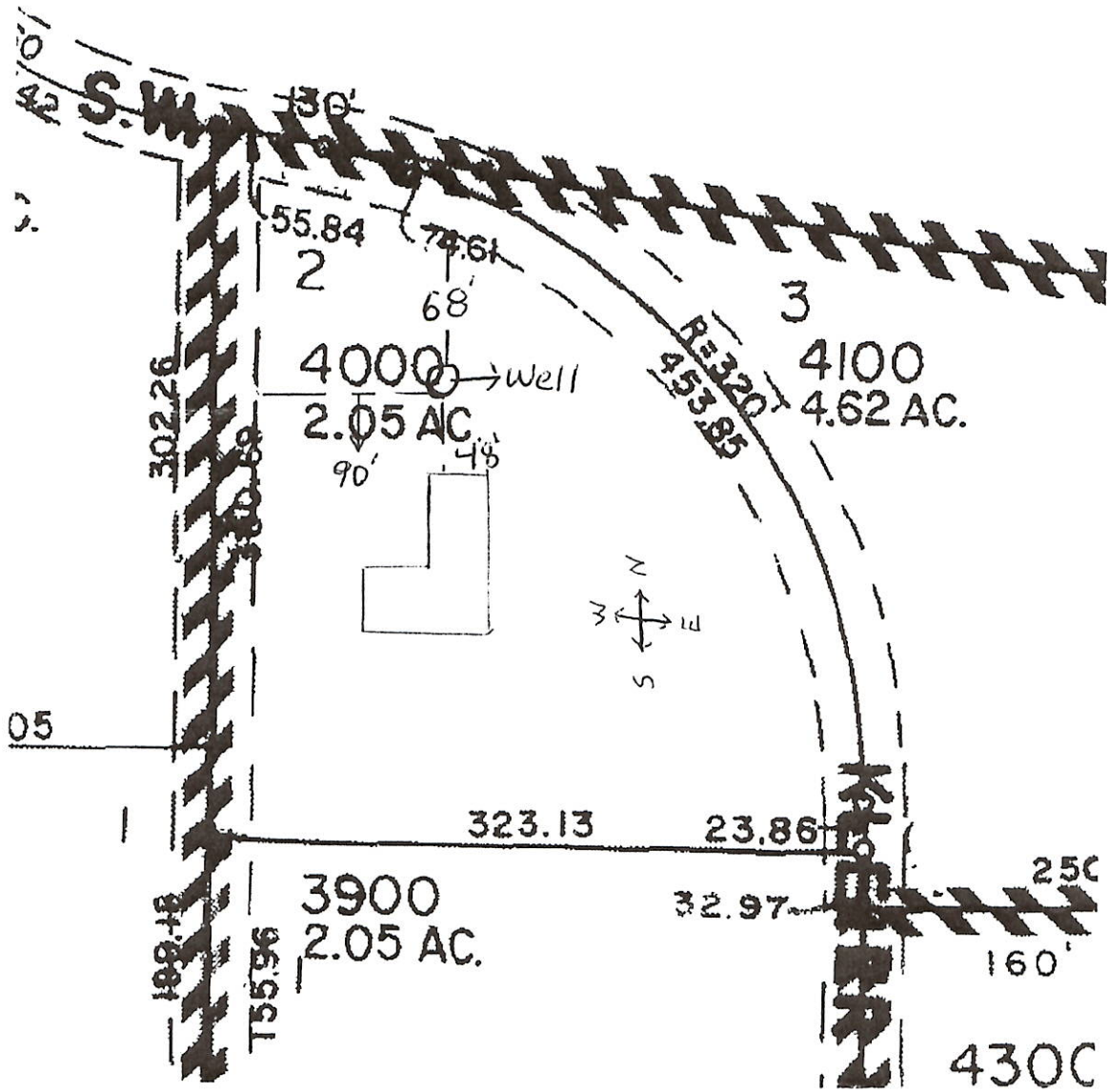
Internal Office Use Only

1083 TREASURY

OBJECT 0260

PCA 45148

EXEMPT USE WELL LOCATION MAP



↑N

Washington County

Assessor Map Reference Number: 2S 3W 2 NESE; Tax Lot 4000

Street Address of Well, if Available: 13317 Kleier Drive, Hillsboro, OR

Well Log # WASH 68481, Well Label (ID) # L 100341. (Please Locate Well and Indicate distance From Property or Survey Corner, See Attached Sample Well Location Map.) MAP NOT TO SCALE



STATE OF OREGON
 WATER RESOURCES DEPARTMENT
 North Mall Office Building
 725 Summer Street NE, Suite A
 Salem, OR 97301-1266
 Contact: Exempt Use Well Program Coordinator
 at (503)986-0861 (503)986-0902(fax)

Invoice #: 2366

Date: 12/10/2009

RICK MOEN

16650 SW PIT RD

HILLSBORO, OR 97123

Well Information:

Well Tag: L- 100341

Well Log #: WASH 68481 Startcard #: 205057

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Terms: Due in 30 days

Internal Office Use Only

1083 TREASURY

OBJECT 0260

PCA 45148

FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked _____
Date Hand-Delivered _____
Date Region Office Rec'd _____

W 205057
OWRD Receipt _____
Date Fee Received _____
Check No. 2426

START CARD
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

This form must be completed and the original mailed or delivered to the region office within which the well is being constructed, converted, altered, deepened, or abandoned using one of the following methods: (a) by regular mail no later than three (3) calendar days (72 hours) prior to commencement of work; (b) by hand delivery, during regular office hours before work is commenced; or (c) by FAX before work is commenced. If method (c) is used, a legible copy of the start card shall also be mailed or delivered to the region office no later than the day work is commenced. The fee required under ORS 537.762(5) for the construction of a new well, deepening of an existing well, conversion of a monitoring well, geotechnical hole, or other hole shall be submitted to the Water Resources Department, 725 Summer Street NE Suite A, Salem, OR 97301-1266 with a duplicate copy of the start card. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$225 fee with the start card, for failure to submit the \$225 fee in a timely manner, and for failure to timely submit start cards.

Owner's name: _____
Home Phone: () _____ Mailing Address: _____
Work Phone: () _____ City, State Zip: _____

Type of work: Fee New Construction No Fee Alteration (Repair/Recondition)
Required: Conversion Required: Abandonment Orig. Start
 Deepening Orig. Start Card No. _____

Proposed Commencement Date: _____

Existing or Proposed Well Depth: _____ Diameter: _____ Original Well I.D. Label Number: _____

Use: Monitoring Domestic Irrigation Community (Public System) Industrial/Commercial
 Livestock Dewatering Thermal Injection Other _____

Proposed Well Location:

County _____ Township _____ Range _____ Section _____ Tax Lot _____
North or South East or West

1/4 _____ 1/4 _____ Or Latitude _____ Longitude _____

Street Address of well, if not assigned, nearest address: _____

We have read the back of this form and the information provided is accurate to the best of our knowledge.

Owner/Agent Name _____ Bonded Water Supply/Monitor Well Constructor Name _____ License No. _____
Date Signed _____ Company _____ Date Signed _____

OWNER PLEASE NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required. The Oregon Health Division requires plans to be submitted and approved prior to construction if the well is to be used as a public system.

ADDITIONAL IMPORTANT INFORMATION ON BACK.



Oregon

Theodore R. Kulongoski, Governor

Water Resources Department

North Mall Office Building
725 Summer Street NE, Suite A
Salem, OR 97301-1266
503-986-0900
FAX 503-986-0904

You are being notified because the Water Resources Department received a water well report for a well that was recently constructed on your property. This letter is meant to help you determine whether this well qualifies as an exempt-use or whether it requires a water right permit.

Exempt Use Wells: The following uses do not require a water right permit to use groundwater:

- Group and single family domestic use up to 15,000 gallons per day;
- Commercial or industrial use up to 5,000 gallons per day;
- Livestock watering;
- Watering any lawn and or non-commercial garden totaling less than ½ acre in area;
- Down hole heat exchangers; and
- Irrigation of up to 10 acres of school grounds within established critical ground water areas.

These exempt uses of groundwater require submittal of a \$300 exempt well recording fee and a map of the exact well location. These requirements are based on legislation that recently passed to improve the management of groundwater throughout the state. The new law provides for better ground water data in two ways. One is the requirement to include a map showing the location of the well. This is extremely valuable to the Department in identifying the supply and availability of groundwater. The second is a fee that is intended to support additional study and monitoring of groundwater.

Please return one copy of the invoice with your payment and map. Additional information about the fee and map is also available on our website at www.wrd.state.or.us/exempt_use_788_info.shtml or by contacting the Exempt Use Well Program Coordinator at 503 986-0861.

Permitted Use: If you intend to use groundwater for any other purpose, a water right permit is required. A permit must be obtained before the well is drilled (ORS 537.535). If you are going to make application for a water right permit, restrictions may apply based on the location and construction of your water well. There are areas in the state in which a water right permit may not be issued or may be issued for a limited purpose or time. You should contact your local watermaster if you have questions about applying for a water right permit.