MULT 100275

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L _____

START CARD # 189788

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

(1) LAND OWNER Well Number _____
Name R.S. Davis Recycleing
Address 10105 SE Mather RD.
City Clackamas State Or Zip 97015

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

(3) DRILL METHOD
☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) PROPOSED USE
☐ Domestic ☐ Community ☒ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☒ No
Depth of Completed Well 85 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE Diameter	From	To	SEAL Material	From	To	Sacks or Pounds
6"	0	85'	Cement	0	85'	28

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Pumped From Bottom To Top
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	0	40'	250	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS Method Mills Knife
☒ Perforations Type _____ Material _____
☐ Screens

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
1'	40'	1/4x3	90	6"		☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time

Temperature of water _____ Depth Artesian Flow Found _____
Was a water analysis done? ☐ Yes By whom _____
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Multnomah
Tax Lot 200 Lot _____
Township 1S N or S Range 4E E or W W
Section 19 S.W. 1/4 N.W.
Lat ___° ___' ___" or _____ (degrees or decin
Long ___° ___' ___" or _____ (degrees or decin
Street Address of Well (or nearest address) 28425 SE. Orient Dr Gresham 97080

(10) STATIC WATER LEVEL
53 ft. below land surface. Date 9/30/09
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Well Abandonment			
Cement	0'	85'	53'

RECEIVED
OCT 21 2009
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 9/30/09 Completed 9/30/09

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

WWC Number _____ Date _____

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 reporte above. All work performed during this time is in compliance with Oregon wate supply well construction standards. This report is true to the best of my knowle and belief.

WWC Number 1380 Date 9/30/09

Signed [signature]