

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 100427

START CARD # 205332

(1) LAND OWNER

Owner Well I.D. _____

First Name BRAD

Last Name GRAFF

Company GRAFF, LISA

Address 1660 NW 102ND AVE

City PORTLAND

State OR

Zip 97229

(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 745 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10	0	54	Cement	0	54	13	S
8	54	111	Cement	54	111	9	S
6.75	111	745					

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
☒	☒	6	☒	2	111	.250	☒	☒	☒	☒
☐	☐	4.5	☐	25	745	200#	☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method DRILLED

Screens Type _____ Material PVC-200

Perf/S	Casing/Screen	Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4.5	725	745			.5	40	PIPE

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
24		745	1
18		645	15 MIN
5		545	15 MIN

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MULTNOM Twp 2 N N/S Range 2 W E/W WM

Sec 25 SW 1/4 of the SE 1/4 Tax Lot 3500

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

13610 NW SKYLINE BLVD

(10) STATIC WATER LEVEL

Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening _____

Completed Well 03-19-2010 479

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 580

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-15-2010	580	590	7		479
03-17-2010	700	745	17		479

(11) WELL LOG

Ground Elevation _____

Material	From	To
BROWN CLAY	0	32
DECOMP ROCK WITH CLAY	32	54
GRAY BROWN MUDDY BASALT	54	104
GRAY BASALT	104	143
GRAY BROWN BASALT	143	164
GRAY BASALT	164	192
GRAY BROWN & GRAY BASALT	192	225
HARD GRAY-GRAY BLACK BASALT	225	338
GRAY BROWN-BROWN BASALT	338	356
GRAY BASALT	356	390
GRAY BROWN BASALT	390	405
GRAY BLACK BASALT	405	490
GRAY-GRAY BLACK BASALT	490	522
GRAY BLACK BASALT	522	533
GRAY BROWN & BROWN BASALT	533	565
GRAY BLACK & GRAY BASALT	565	745

Date Started 03-09-2010

Completed 03-19-2010

(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 1492

Date 3-22-10

Password: (if filing electronically)

Signed *Mark Bigsby*

(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 1266

Date 3/22/10

Password: (if filing electronically)

Signed *[Signature]*

Contact Info (optional)

ORIGINAL WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

SALEM, OREGON

Form Version: 0.95