

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.785)

MULT
1098

DEC 29 1989

WATER RESOURCES DEPT.
 SALEM, OREGON

(START CARD) #

IN/1E/36
15228

(1) OWNER:
 Name CITY OF PORTLAND Well Number: _____
 Address 6437 SE DIVISION
 City PORTLAND State OREG Zip 97206

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 185 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	80	CEMENT	0	25	53
10	80	130	CEMENT	118	125	6
8	130	185				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	8	+1	185	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method MILLS KNIFE
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
135	180	1/4	450	1/4"2		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 300 Drawdown 5" Drill stem at _____ Time 4hr.

Temperature of water 54 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 by legal description:
 County MULT. Latitude _____ Longitude _____
 Township 1N N or S, Range 1E E or W, WM.
 Section 36 1/4 1/4
 Tax Lot 29 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 3550 SE ANKENY ST.

(10) STATIC WATER LEVEL:
103 ft. below land surface. Date 11/19/89
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
135	185	300 GPM	103

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	4	
BROWN CLAY SANDY BROWN CLAY	4	10	
BROWN CLAY SANDY BROWN CLAY	10	19	
BROWN CLAY SANDY BROWN CLAY	19	30	
CEMENTED GRAVEL	30	35	
BLUE CLAY	35	41	
SOFT SAND BROWN CLAY	41	46	
BROWN SANDSTONE AND GRAVEL	46	75	
CLEAN LOOSE SAND AND GRAVEL	75	135	
	135	185	103

CEMENT PLUG PLACED INSIDE CASING FROM 185' TO 180' TO PREVENT GRAVEL FROM HEAVING UP CASING

Date started 10/30/89 Completed 11/19/89

(unbonded) Water 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 my best knowledge and belief.
 WWC Number _____
 Signed _____ Date _____

(bonded) Water 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.
 WWC Number 462
 Signed OKSELL Date 12/7/89