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

MULT 113067
5/14/2013

WELL I.D. LABEL# L
START CARD # 1019590
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. IW4
First Name ____ Last Name ____
Company BP WELL ABANDONMENTS
Address 2319 LIND AVE
City RENTON State WA Zip 98057

(2) TYPE OF WORK

☐ New Well ☐ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☒ Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☒ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other ____

(4) PROPOSED USE

☐ Domestic ☐ Irrigation ☐ Community
☒ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other ____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 26.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
20	0	26	Bentonite Grout	0	26	26	S

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 ____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

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

(7) PERFORATIONS/SCREENS

Perforations Method ____
Screens Type ____ Material ____

Perf/ Screen	Casing/ Liner	Screen 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)

Temperature 53 °F Lab analysis ☐ Yes By ____
Water quality concerns? ☐ Yes (describe below) TDS amount ____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MULTNOMAH Twp 1.00 N N/S Range 1.00 W E/W WM
Sec 2 SW 1/4 of the SW 1/4 Tax Lot 400
Tax Map Number ____ Lot ____
Lat ____ ° ____ ' ____ " or ____ DMS or DD
Long ____ ° ____ ' ____ " or ____ DMS or DD
◉ Street address of well ◯ Nearest address
9930 NW ST. HELENS RD, PORTLAND OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	5/7/2013		☐	12
Completed Well			☐	

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found ____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Ground Elevation ____

Material	From	To
Bentonite Grout	0	26

Date Started 5/6/2013 Complete 5/7/2013

(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 1628 Date 5/14/2013
Signed WADE IVERSEN (E-filed)

(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 1523 Date 5/14/2013
Signed ROBERT STADELI (E-filed)
Contact Info (optional) Boart Longyear

WATER SUPPLY WELL REPORT - continuation page

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5/14/2013

WELL I.D. LABEL# L

START CARD # 1019590

ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

Water Quality Concerns

From	To	Description	Amount	Units

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amt	sacks/ lbs

FILTER PACK

From	To	Material	Size

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(11) WELL LOG

Material	From	To

(7) PERFORATIONS/SCREENS

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

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Comments/Remarks

Water Well,
Perforated and grouted in place, 4 per foot

GEOTECHNICAL HOLE REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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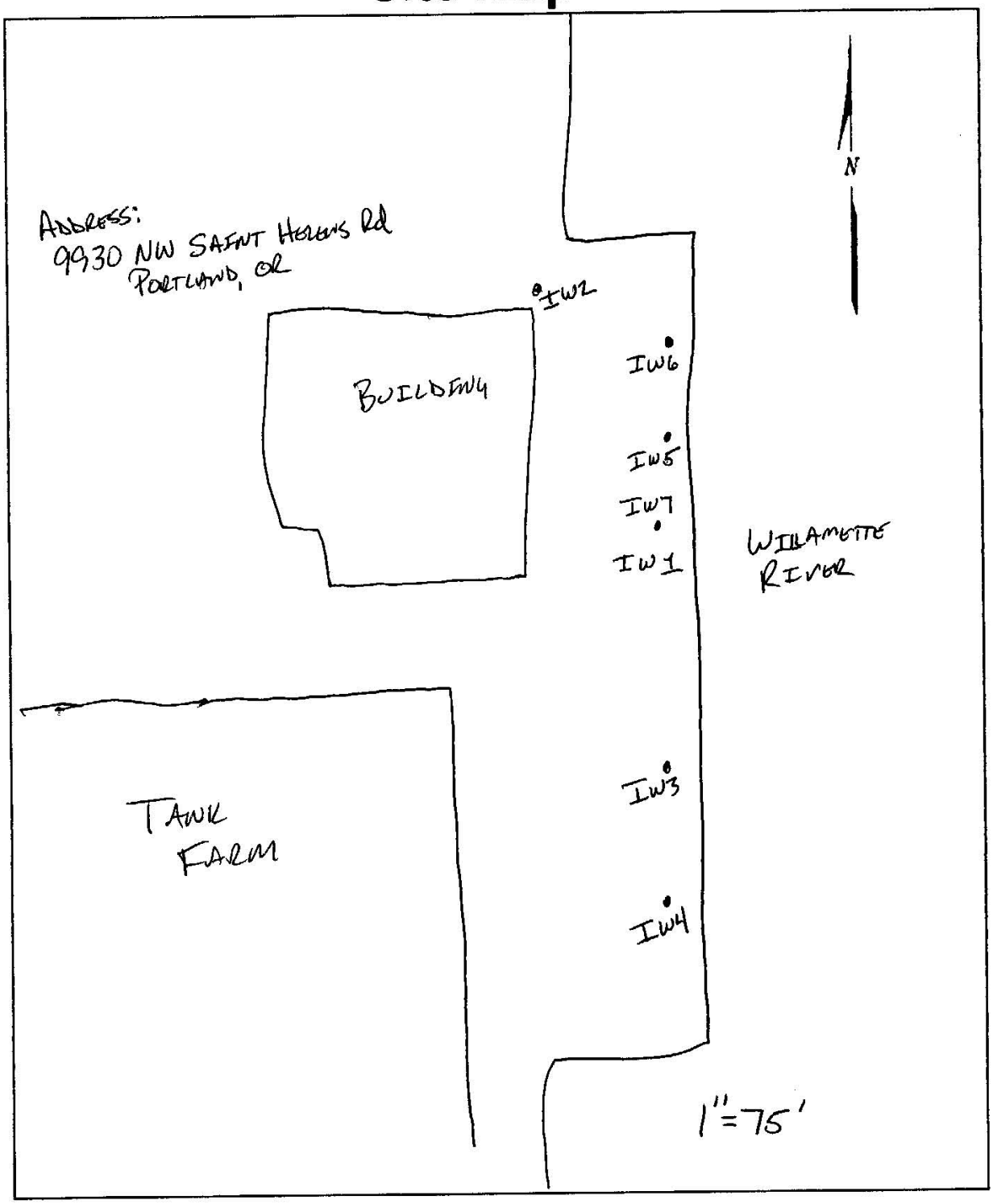
5/14/2013

Map of Hole

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