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

MULT 114007
10/7/2013

WELL I.D. LABEL# L 110240
START CARD # 1021136
ORIGINAL LOG # MULTNOMAH 113927

(1) LAND OWNER

Owner Well I.D. # 3
First Name _____ Last Name _____
Company PORTLAND CITY OF BUREAU OF PARKS & RECREATION
Address 1120 SW 5TH AVE # 1302
City PORTLAND State OR Zip 97204

(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 _____ ft.

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

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____
Backfill placed from 3 ft. to 18 ft. Material GRAVEL
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount 11.00 Sacks

(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/ Screen 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)

Temperature _____ °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 S N/S Range 1.00 E E/W WM
Sec 13 NE 1/4 of the NE 1/4 Tax Lot 200
Tax Map Number _____ Lot _____
Lat ___ ° ___ ' ___ " or _____ DMS or DD
Long ___ ° ___ ' ___ " or _____ DMS or DD
◉ Street address of well ○ Nearest address
2425 SE BYBEE BLVD PORTLAND OR 97202

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			☐	
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

Date Started 9/20/2013 Complete 9/20/2013

(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 _____ 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 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 1581 Date 10/7/2013

Signed LARRY A GRAY (E-filed)

Contact Info (optional) www.graywelldrilling.com