

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

503-656-2683

(1) OWNER: Well Number: 02
 Name Urban Renaissance Group/Fortis Construction, Inc
 Address 522 SW 5th Ave #1105
 City Portland State OR Zip 97204

(2) TYPE OF WORK:
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 0 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	To	Material	From	To	sacks or pounds
<u>18</u>		<u>Cement w/5% bentonite</u>	<u>203</u>	<u>10</u>	<u>161 Sacks</u>
		<u>Bentonite</u>	<u>10</u>	<u>0</u>	<u>20 Sacks</u>
		<u>Calculated</u>			<u>340 Sacks</u>

How was seal placed: Method A B C D E
 Other Pumped at bottom; poured bentonite
 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
<u>18</u>	<u>8</u>	<u>191</u>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<u>Existing</u>							
Liner: <u>None</u>							

 Drive Shoe used Inside Outside None
 Final location of shoe(s) N/A

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>None</u>	<u>See</u>	<u>#12</u>				<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>N/A</u>			

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 by legal description:
 County Multnomah Latitude _____ Longitude _____
 Township 1SOUTH N or S. Range 1EAST E or W. of WM.
 Section 03BC SW 1/4 NW 1/4
 Tax lot 2000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1320 SW Broadway,
Portland, OR

(10) STATIC WATER LEVEL:
92 ft. below land surface. Date 8/17/2015
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found N/A

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
<u>Abandonment Only of MULT 2735.</u>			
<u>Casing is 8' below the sidewalk.</u>			
<u>Unable to Perforate Additional</u>			
<u>Beyond Existing Perforations.</u>			

SKYLES DRILLING, INC.
503-656-2683

RECEIVED BY OWRD

SEP 11 2015

SALEM, OR

Date started 8/12/2015 Completed 8/19/2015

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed [Signature] WWC Number 1884
 Date 8/29/2015
Skyles Drilling, Inc.

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] WWC Number 1592
 Date 8/29/2015
Skyles Drilling, Inc.