MULT 134403

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

WELL I.D. LABEL# L	128832
START CARD #	216489
ORIGINAL LOG #	MULT 133885

(1) LAND OWNER

Owner Well I.D. _____
First Name _____ Last Name _____
Company Townsend Farms, Inc.
Address 23400 Townsend Way
City Fairview State OR Zip 97024

(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:		☐	see MULT 133885			○	○	☐	☐

Seal:	Material	From	To	Amt	sacks/lbs

(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
					Calculated		
					Calculated		

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/ 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 N N/S Range 3 E E/W WM
Sec 27 SW 1/4 of the NE 1/4 Tax Lot 701
Tax Map Number IN 3E 27A Lot _____
Lat ___° ___' ___" or _____ DMS or DD
Long ___° ___' ___" or _____ DMS or DD
◉ Street address of well ○ Nearest address

23303 NE Sandy Blvd, Fairview, OR 97024

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	1/13/2020		☐	61
Completed Well	4/1/2020		☐	59

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
No drilling. See MULT 133885 for Pre-alteration & other details.		
Alteration only consisted of installation of a pitless unit.		
Removed 5' of 10" casing.		
Installed Baker 12x10 pitless unit. Top is ~1.5' ags.		
Replaced chip bentonite seal (14 sks)	0	5

RECEIVED
APR 07 2020
OWRD

Date Started 3/25/20 Completed 3/27/20

(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 1578 Date 4/6/20
Signed [signature]

(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 649 Date 4/6/20
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 Form Version: 0.95