

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

WELL I.D. LABEL# L N.A. - Abandonment  
START CARD # 216490  
ORIGINAL LOG # MULT 63478

(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: \_\_\_\_\_  
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/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other Abandonment (prev.: Ind/Com'l)

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
Depth of Completed Well 0 ft.  
BORE HOLE SEAL  
Dia From To 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/ Casing/ Screen Dia From To Scr/slot width 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 5/5/20 51  
Completed Well NA NA  
Flowing Artesian?  Dry Hole?   
WATER BEARING ZONES Depth water was first found 51  
SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG  
Ground Elevation \_\_\_\_\_  
Material From To  
No drilling - only abandonment of MULT 63478.  
Work included:  
Remove pump.  
Bail well from 243' to 252'.  
Video verify that screen location is per log.  
Bail to 254'.  
Perforate 245'-250' (unable to get perforator below 250').  
Perforate 145'-205'.  
Pressure grouted as per special standards.  
Perforate 15'-145'.  
Pressure grout as per special standards.  
Top off cement to 2' below ground.  
Cut 8" casing off at 2' below ground.  
Owner is excavating area down 2' to install rock and asphalt.  
All perforations are mills knife, 5 per foot, 1/4"x2"+.  
Total cement used 125 sacks. Calculated 70 sacks.

Date Started 5/4/20 Completed 5/15/20  
(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 2034 Date 5/22/20  
Signed *Cody Goff*

(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 5/22/20  
Signed *Stephen J. Schmidt*  
Contact Info (optional)