

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

WELL I.D. LABEL# 1 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

Casing: ☐ Dia _____ From _____ To _____ Gauge _____ Stl _____ Plstc _____ Wld _____ Thrd _____
Material _____ From _____ To _____ Amt _____ sacks/lbs
Seal: ☐ Dia _____ 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/ 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

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
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								

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

(7) PERFORATIONS/SCREENS

Perforations Method _____

Perf/	Casing/	Screen	Type	Material	Scr/slot	Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	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) _____

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 F. Schneider

Contact Info (optional) _____