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

MULT 136058

2/9/2021

WELL I.D. LABEL# L 136089
START CARD # 1050498
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. 2
First Name _____ Last Name _____
Company PROLOGIS, L.P.
Address 3353 GATEWAY BLVD.
City FREMONT State CA Zip 94538

(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 37.00 ft.

BORE HOLE

Dia	From	To
36	0	10
30	10	37

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	8	75	S
		Calculated	75	
		Calculated		

How was seal placed: Method ☒ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 8 ft. to 37 ft. Material SAND Size 4/8
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
●	○	10	☐	0	17	0.413	○	●	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temp casing ☒ Yes Dia 36 From + ☐ 0 To 12

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type 0.020 Material pvc

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	10	17	37	.02			

(8) WELL TESTS: Minimum testing time is 1 hour

◉ Pump ○ Bailer ○ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20	20	37	1

Temperature 52 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS amount 0 mg/L

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MULTNOMAH Twp 1.00 N N/S Range 1.00 E E/W WM
Sec 3 SE 1/4 of the SW 1/4 Tax Lot 00200
Tax Map Number _____ Lot _____
Lat ____ ° ____ ' ____ " or 45.59226167 DMS or DD
Long ____ ° ____ ' ____ " or -122.67509779 DMS or DD
○ Street address of well ◉ Nearest address
9475 N HORSESHOE AVE., PORTLAND, OR 97217

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			☐	
Completed Well	1/21/2021		☐	11

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 11.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
					☐	
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation 15.75

Material	From	To
Sandy Silty with cobles and gravel/brown	0	11
Medium grain sand	11	32
fine to medium grain sand	32	37

Date Started 1/21/2021 Completed 1/21/2021

(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 2019 Date 2/9/2021

Signed DAVID TORO (E-filed)

Contact Info (optional) David Toro (206)730-6774 Lic#2019

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: