STATE OF OREGON



20/	//	10/	11
2101	/ W/	26	65
	7		

THIRD COPY-CUSTOMER

	CLL REPORT y ORS 537.765)	IPR 29 1994	(START CARD) #	6/10/			
Instructions fo	or completing this report are on the last page of this WART. ER		•			-	
(1) OWNER:	Well Number	LEM'T BEEFON OF	· VELL by legal desc	rintion:			
Name	INTERNATIONAL MILL SERVICES	CountyMULTNOMAH Latitude Longitude					
Address	PO BOX 83659	Township 2N	N or S Range	1W		V. WM	
City		-0659 _{ection26}	<u>NW</u> 1/4		1/4		
(2) TYPE OF V			otBlock		bdivision		
(3) DRILL ME		Street Address of Well	(or nearest address) 1_P	<u>4400 N R</u> ORTLAND,		re .	
	Rotary Mud Cable Auger	(10) STATIC WATER					
Other	N TOP			-	ate <u>04/</u>	19/94	
(4) PROPOSEI		Artesian pressure		re inch. D	ate		
	Community Industrial Irrigation Injection Livestock Other	(11) WATER BEARD	NG ZUNES:				
	LE CONSTRUCTION:	Depth at which water was	first found 198				
Special Construct	ion approval Yes No Depth of Completed Well 208 ft.				***************************************		
Explosives used	Yes No Type Amount	From	То	Estimated	Flow Rate	SWL	
HOLE	SEAL	198	208	300	+-gpm	28	
Diameter From 12 0	To Material From To Sacks or pounds						
$\frac{12}{}$	208 Hole plug					_	
´ — — —	Drill Gel &						
-	Hole Plug 125 188 2 sks + gel	(40) ************************************					
How was seal place		(12) WELLEGG.	Elevation	-			
Other		Ground	Lievadon				
Backfill placed from		Materia	1	From	То	SWL	
	$\frac{188}{100}$ ft. to $\frac{208}{100}$ ft. Size of gravel $\frac{1/4 \times 1}{100}$	Slag (melted m		0	3		
(6) CASING/L		Soft gray silt		3	8		
Diameter 8 ^{t†}		Fine black & g			35		
Casing: 0		Soft_gray silt		35	91		
•		Gray silts w/o Fine black san	<u>cc.sand strk:</u> a	5 91 138	138 159		
		Cemented gr		159	168		
Liner: 7-3/4	187 1983/8" 🕅 🖂	Coarse gravel		168	208	28	
Final location of s	shoe(s)						
(7) PERFORAT	FIONS/SCREENS:						
Perforations				_			
X Screens	Type TELESCOPING Material STAINLES	8					
From To	size Number Diameter size Casing Liner			.			
198 208	.060 7-3/4 TELE □ K						
						· · · · · · · · · · · · · · · · · · ·	
(8) WELL TES	TS: Minimum testing time is 1 hour	Date started04/05	/94 Comp	oleted 0	4/20/94	,	
	Flowing	(unbonded) Water Well	Constructor Certifica				
Pump	Bailer XAir Artesian	I certify that the work I of this well is in complian	performed on the cons	struction, altera	tion, or aba	ndonment	
Yield gal/min 300+	Drawdown Drill stem at Time	Materials used and inform	ation reported above a	e true to the be	est of my kn	owledge	
200+	80 <u>1 hr.</u> 60 ''	and belief.	_	WANG M	hor 14		
		Signed Meli	Limbe	WWC Nun	Date <u>04/</u>	<u> 192</u> 124/04	
Temperature of water 54 F Depth Artesian Flow Found (bonded) Water Well Constructor Certification:				1 n:	<u> 04/</u>	24/94	
Was a water analy		I accept responsibility	for the construction, alt	eration, or aba	ndonment w	ork (
Was a water analysis done? Xes By whom AMJ 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					ork		
Salty Muddy Odor Colored Other construction standards. This report is true to the best of my knowledge and belief					belief.		
Depth of strata:				WWC Nun	1ber <u>/2</u>	66	
ODICINIAL	IDCT CODY WATER PROCESS	Signed 1	town -		Date 4/	25/44	
UKIUINAL & F	IRST COPY-WATER RESOURCES DEPARTMENT SE	COND COPY-CONSTRI	JCTOR THIRD	COPY-CUST	OMER		

MULT 4153

For Official Use Only:

Received Date:

3-19-98

County Well Log ID# Mult 4153 Well Identification Tag#

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:
Name: Oregon Steel Mills
Mailing Address: 14400 N. Rivergate
City: Portland State: C Zip: 97203 Phone: ()
WELL LOCATION:
County:Owner's Well Number:
Township: Z Nor S, Range: L E or Section: Z NW 1/4 NW 1/4
Tax Lot Number: Type of Well: water supply monitoring
Street Address of Well (if different from above):
WELL INFORMATION: (do not complete remainder of application if well log is available)
Start Card Number: 64/04 Approx. Construction Date:
Well Constructor:
Name of Owner at Time of Construction:
Well Depth (in feet): Static Water Level (in feet):
Diameter of Exposed Well Casing (in inches):
Does this well have a formal water right associated with it? Yes: No:
If Yes: Application #: Permit #: Certificate #:
Please Return Completed Form to: Lisa Juul Well Identification Program Oregon Water Resources Department 158 12th Street NE Salem. OR 97310