

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

MULT 4217

JUN 21 1994

WATER RESOURCES DEPT.
SALEM, OREGON

2N/1W/27cd

(START CARD) # 66347

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
Name ALDER CREEK LUMBER CO., INC.
Address PO BOX 83237
City PORTLAND State OR Zip 97283

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 450 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	425	Cement/gel	0	425	62 sks
8	425	450				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+2	425	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
110		440	1 hr.
95		340	"
80		240	"

Temperature of water 56°F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom AMJ
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County MULTNOMAH Latitude _____ Longitude _____
Township 2N N or S Range 1W E or W. WM. _____
Section 27 SE 1/4 SW 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 14456 NW GILLIHAN RD
PORTLAND, OR

(10) STATIC WATER LEVEL:
19 ft. below land surface. Date 06/08/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 430

From	To	Estimated Flow Rate	SWL
430	450	110	19

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown sand & wood	0	6	
Black sand w/wood	6	14	
Sticky gray silty clay/w gray-brown streaks	14	44	
Soft gray-brown sandy clay	44	48	
Fine sand & wood	48	55	
Soft gray clay w/gray-brown sandy streaks	55	82	
Soft gray silts w/occ wood	82	191	
Fine to coarse sand & pea gravels	191	202	
coarse gravel	202	234	
Sticky brown&red-brown clay	234	250	
Cemented gravels	250	258	
Red-brown&brown clay w/stky streaks	258	266	
Sticky brown clay w/gray-brn	266	379	
Firm decomp rock	379	384	
Hard gray-brown&gray basalt	384	390	
Soft gray-brown basalt w/firm	390	414	
Firm gray-brown basalt	414	450	19

Date 06/09/94
(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
WWC Number 1492
Signed *M.L. Bigsby* Date 06/15/94

(bonded) Water Well Constructor Certification:
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 construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1266
Signed *J.P. [Signature]* Date 06/15/94