

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

Mult
4933

IN 115 (3) CD

(START CARD) # 79235

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

(1) OWNER: Well Number _____
 Name MT. CALVARY CEMETARY
 Address 333 SW SKYLINE BLVD.
 City PORTLAND State OR Zip 97221

(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 625 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>14 3/4"</u>	<u>0</u>	<u>481</u>	<u>8 mesh</u>	<u>0</u>	<u>7</u>	<u>11 sacks</u>
			<u>cement</u>	<u>7</u>	<u>60</u>	<u>33 sacks</u>
			<u>drillgel</u>	<u>60</u>	<u>435</u>	<u>-----</u>
<u>10"</u>	<u>481</u>	<u>625</u>	<u>cement</u>	<u>435</u>	<u>481</u>	<u>25 sacks</u>

How was seal placed: Method A B C D E
 Other poured into dry annular
 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:	<u>10"</u>	<u>+1</u>	<u>481</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>8"</u>	<u>465</u>	<u>625</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Torch
 Screens Type _____ Material Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>585</u>	<u>625</u>	<u>3/4x12</u>	<u>120</u>		<u>pipe</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
<u>180</u>		<u>550</u>	<u>1 hr.</u>
<u>230</u>		<u>600</u>	<u>"</u>

Temperature of water 57°F Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 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 Mult. Latitude _____ Longitude _____
 Township 1N N or S Range 1E E or W. WM.
 Section 31 SE 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 333 SW Skyline Blvd.
Portland, OR

(10) STATIC WATER LEVEL:
455 ft. below land surface. Date 8-10-95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 543

From	To	Estimated Flow Rate	SWL
<u>543</u>	<u>635</u>	<u>250+ gpm</u>	<u>455</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Asphalt/fill</u>	<u>0</u>	<u>1</u>	
<u>Dark brown clay</u>	<u>1</u>	<u>7</u>	
<u>Sticky lt. brown clay</u>	<u>7</u>	<u>29</u>	
<u>Sticky gray clay</u>	<u>29</u>	<u>39</u>	
<u>Sticky lt. gray-brown clay</u>	<u>39</u>	<u>49</u>	
<u>Decomp brown basalt</u>	<u>49</u>	<u>71</u>	
<u>Firm gray-brown basalt</u>	<u>71</u>	<u>152</u>	
<u>Broken w/clay</u>	<u>101</u>	<u>110</u>	
<u>Soft brown basalt</u>	<u>152</u>	<u>169</u>	
<u>Firm gray-brown basalt</u>	<u>169</u>	<u>230</u>	
<u>Soft red-brown basalt</u>	<u>230</u>	<u>266</u>	
<u>Firm gray-brown basalt</u>	<u>266</u>	<u>347</u>	
<u>Soft brown basalt occ. broken</u>	<u>347</u>	<u>397</u>	
<u>& decomp streaks</u>			
<u>Broken gray-brown basalt,</u>	<u>397</u>		
<u>loss circ./caving</u>		<u>428</u>	
<u>Decomp brown basalt(loss circ)</u>	<u>428</u>	<u>456</u>	
<u>Firm gray-brown basalt</u>	<u>456</u>	<u>537</u>	
<u>Soft brown basalt</u>	<u>537</u>	<u>543</u>	
<u>Firm gray-brown basalt w/</u>	<u>543</u>		

Date started 6-14-95 Completed 8-10-95

(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 _____
 Signed _____ Date _____

(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 [Signature] Date 8-15-95

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 Special Construction approval Yes No Depth of Completed Well 625 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 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:
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Portland, OR

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

(11) WATER BEARING ZONES:
 Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>visicular streaks</u>		<u>590</u>	
<u>Soft gray-brown basalt</u>	<u>590</u>	<u>635</u>	
<u>10" Fill in bottom</u>			
<u>Well completed to 625'</u>			

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 Signed _____ Date 8-15-95