

Mult 553A RECEIVED APR 10 1998

Tag # L18380

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

APR 10 1998

(START CARD) # 101963

WATER RESOURCES DEPT. SALEM, OREGON
Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 500
Name METRO (Blue Lake Park)
Address 600 N.E. Grand Ave.
City Portland State OR. Zip 97232

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14	0	35	cement	0	35	216
10	35	125				
8	125	140				

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: 10	+2	140	312	<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:

Perforations Method _____
 Screens Type pipe size Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
120	140	.80			pipe	<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
500 +		115	1 hr.

Temperature of water 56 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 1 N or S Range 3 E or W. WM.
Section 21 SW 1/4 NE 1/4
Tax Lot none Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 20500 NE Marine Dr. Fairview OR.

(10) STATIC WATER LEVEL:
20 ft. below land surface. Date 4/6/98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 35

From	To	Estimated Flow Rate	SWL
35	140	500 +	20

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
clay brown	0	16	
boulders/clay gray/brown	16	35	
boulders gray	35	75	20
gravel gray sand brown	75	120	20
gravel gray	120	140	20

Date started 3/20/98 Completed 4/6/98

(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.
WVC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well and the construction practices 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.
WVC Number 663
Signed Rodley C. Eul Date 4/7/98