

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

Mult 557

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DEC 16 1991

1s/2E/9ba
 PAGE #1

(START CARD) # 36644

(1) OWNER: Well Number _____
 Name PORTLAND GREEN HOUSE
 Address 5050 SE STARK
 City PORTLAND State OR Zip 97215

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 412 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
12	0 400	Cement	0 25	8 sks.
		Gran. bent.	25 50	16 sks.
		Drill gel	50 335	
		Cement	335 400	15 sks.

How was seal placed: Method A B C D E
 Other poured into dry annulus
 Backfill placed from 25 ft. to 50 ft. Material Gran. Bent.
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8	+2	400	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	7	390	402	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	7	408	412	375	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Wire Wound Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
402	408	.060		8	Tele	<input type="checkbox"/>	<input checked="" 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 Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
105		300	2hr.
55		240	1hr.

Temperature of Water 56 °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 MULTNOMAH Latitude _____ Longitude _____
 Township 1S N or S. Range 2E E or W. WM. _____
 Section 9 NE 1/4 NW 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 9000 SE DIVISION
PORTLAND, OR

(10) STATIC WATER LEVEL:
164 ft. below land surface. Date 12/12/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 402

From	To	Estimated Flow Rate	SWL
402	408	100 gpm	164

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soft brown clay	0	6	
Brown sand/some gravel	6	17	
Brown sand & gravel	17	58	
Fine to coarse gravel	58	71	
Med to coarse gravel w/cobbles & boulders	71	107	
Soft lt brown sandy clay	107	113	
Coarse brown sand/fine gravel	113	122	
Fine to med gravel w/brown sand some clay	122	152	
Soft lt brown sandy clay	152	168	
Sticky blue-gray clay	168	177	
Cemented sand & gravel	177	187	
Boulders & cobbles	187	192	
Brown clay w/fine sand & gravel	192	213	
Coarse gravel w/cobbles & boulders & some clay	213	228	
Sticky brown clay	228	239	
Fine to med gravel occ coarse & trace brn. clay	239	272	
Soft lt brown clay	272	277	
Fine to med gravel w/clay	277	286	
Blue to coarse gravel Completed	286	294	

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 1266
 Signed [Signature] Date 12/13/91

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 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 412ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
8	400	475	Formation	412	475	

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"/>

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 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

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 Street Address of Well (or nearest address) 9000 SE DIVISION
PORTLAND, OR

(10) STATIC WATER LEVEL:
164 ft. below land surface. Date 12/12/91
 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
Sticky brown & blue-gray clay	294	306	
Fine to med coarse gravel occ	306		
cobble/boulders		347	
Fine muddy brown sand	347	366	
Fine to med coarse gravel	366	373	
Soft sandy gray clay	373	398	
Fine to coarse gravel w/brown	398		
sandy clay		405	164
Fine to coarse gravel	405	425	164
Med to coarse gravel w/trace	425		
of clay		475	
WELL COMPLETED AT 412 FT.			

Date started 11/18/91 Completed 12/12/91
(unbonded) Water Well Constructor Certification:
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 Signed _____ WWC Number _____
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(bonded) Water Well Constructor Certification:
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 Signed _____ WWC Number 1266
 Date 12/13/91