

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

Mult
 578

RECEIVED
 MULT 578
 JAN - 7 1992
 FEB - 3 1992
 (START CARD) # W-26097
 2 N / 1 W / 22bc

(1) OWNER:
 Name Robert & Mary Schick
 Address 16205 NW Gillihan Rd.
 City Portland State Oregon Zip 97231

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	20	Cement	0	20	8 sks.
6	0	205				

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:	6	+1'6"	200	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Packer:		197	200		<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Johnson Material Stainless steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
200	205	16			6 tele	<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
20	51		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:
 County Multnomah Latitude _____ Longitude _____
 Township 2 N N or S. Range 1 W E or W. WM.
 Section 22 SW 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 16205 NW Gillihan Rd.

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 12-2-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 186

From	To	Estimated Flow Rate	SWL
186	205	20	9

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Dark Brown top soil	0	5	
Brown sandy clay	5	19	
Grey silt sand	19	90	
Grey clay silt	90	97	
Grey mucky sand silt	97	186	
Grey sand gravel (water)	186	205	9
Grey sand (water)	205		9

Hardness 6
 Iron .2
 PH 7.3

Date started 11-25-91 Completed 12-2-91

(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.
 Signed Terry Johnson WWC Number 1321
 Date 12-5-91

(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.
 Signed Jim G. Hanson Bonded 1293 WWC Number 841
 Date 12-5-91



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for
Well ID Number

RECEIVED

FEB 9 2022

Do not complete if the well already has a Well Identification Number.

OWRD

I. OWNER INFORMATION

Current Owner Name (please print): Bella Organic Farm LLC; Mike & Elizabeth Hashem, TTES
Mailing Address: 16205 NW Gillihan Rd
City, State, Zip: Portland OR 97231
Mail Well ID to: [X] SAME AS ABOVE [] In Care Of (C/O)
Name & Address:
City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 2 N (North / South) Range: 1 W (East / West) Section: 22 NW 1/4 of the SE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 200 County Multnomah
GPS Coordinates: 45.64065000, -122.79348056
Street Address of Well, City: 16205 NW Gillihan Rd
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): domestic
Date Well Constructed (or property built): 11-25-91 Total Well Depth: 205' Casing Diameter: 6"
Owner at time the well was constructed (if known): Robert Schick Well Report # (if known): MULT 578
Other Information:

SUBMITTED BY (please print): Steve Wong
PHONE: (503) 641-2348 EMAIL &/or FAX: steven.d.wong@oda.oregon.gov

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

2-9-22

Well Report Number:

MULT 578

Well Identification #:

L-145932