MULT
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WATER RESOURCES DEPT.
SALEM, OREGON

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

WELL I.D. # L _____
START CARD # 126407

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

(1) OWNER: Well Number #2 VAULT #3

Name BECHTEL COMP. GOODFELLOW COLLS
Address 5401 NE INTERNATIONAL PARKWAY
City PORTLAND State OR Zip 97218

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☐ No Depth of Completed Well 25 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
30"	0	25				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 25 ft. to 0 ft. Size of gravel 1/4

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	10	+1	25		☐	☒	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Slotted
☐ Screens Type _____ Material PLASTIC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
25	6	30				☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
	N/A		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 MULT Latitude _____ Longitude _____
Township 1S N or S Range 2E E or W. WM.
Section 3 _____ 1/4 _____ 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) S OF AIRPORT WAY
1/4 MILE E AIRTERMINAL VAULT #3

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 12-1-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 10'

From	To	Estimated Flow Rate	SWL
10	25	—	10

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
FILL SAND	0	10	
BROWN SAND CLAY	10	18	
GRAY CLAY & SILT	18	22	
GRAY SAND COURSE	22	25	

Date started 12-1-99 Completed 12-1-99

(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 Stead CONST 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 660
Signed Mennin McMullen Date 12-1-99

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER