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APR 19 2000

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L _____
START CARD # 11988

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

(1) OWNER: Well Number _____
Name Moore Excavation Inc
Address PO. Box 30569
City Portland State ORE Zip 97230

(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 Abandon

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

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
			N/A			

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	0	247		☒	☐	☐	☐
Liner:		N/A			☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Mills Knife
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
0	247	18x1	664			☒	☐

(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 1 South N or S Range 3 East E or W. WM.
Section 16 NE 1/4 SW 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2152 S.W. Towle Ave. Gresham ORE

(10) STATIC WATER LEVEL:
200' ft. below land surface. Date 4/10/00
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
	N/A		

(12) WELL LOG:
Ground Elevation UNK

Material	From	To	SWL
pulled pump - perforated T&C casing from 0' to 247' with 4 slots every 18" - neat cement grout to surface			
72 sx cement			

Date started 4/10/00 Completed 4/12/00

(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 549
Signed Doug Rowquist Date 4/16/00

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER