

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

mult
609

JAN 29 1992

2N/1W/216d

(START CARD) # 38514

(1) OWNER: Well Number _____
 Name MULTNOMAH COUNTY OREGON
 Address 1620 SE 190TH
 City PORTLAND State OR Zip 97233

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12 1/4	0	68	8-Mesh Bent drill gel	0	25	16 sks
			cement	40	68	10 sks
8	68	87				

How was seal placed: Method A B C D E
 Other poured into dry annulus

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	8	+1	68	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6	57	68	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6	74	80	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6	86	87	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type Wire-wound Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Steel	
						Casing	Liner
68	74	.060		6	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80	86	.060		6	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
220		20'	1 hr.

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 2N N or S. Range 1W E or W. WM. _____
 Section 21 SE 1/4 NW 1/4 _____
 Tax Lot 12 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Bybee Howell
Territorial Park, Mult. Cty, Portland, OR

(10) STATIC WATER LEVEL:
13 ft. below land surface. Date 01/24/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 64

From	To	Estimated Flow Rate	SWL
68	72	220 gpm	13
80	87	" "	" "

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Topsoil	0	1	
Brown silty/sandy clay	1	23	
Fine muddy brown sand	23	64	
Fine to med coarse gravel	64	74	
Cemented gravel	74	80	
Fine to med gravel	80	87	

Date started 01/15/92 Completed 01/24/92

(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 01/27/92