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

OCT 18 2002

WELL I.D. # L
START CARD # 149079

Instructions for completing this report are on the back of this form.

(1) LAND OWNER Name Port of portland/Trammel crow Well Number _____

Address 8930 S.W. Gemi Dr
City Beaverton Ore State _____ Zip 97008

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

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other water jet

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 20 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
			<u>see # 1-2</u>			

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

		Method		Material	
		Type			
From	To	Slot size	Number	Diameter	Tele/pipe size

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

	Flowing
☐ Pump ☐ Bailer ☐ Air ☐ Artesian	
Yield gal/min	Drawdown
	Drill stem at
	Time
	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 23 S. E 1/4 S. E 1/4
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Port, Access

(10) STATIC WATER LEVEL:
5 ft. below land surface. Date 5-22-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 5 ft.

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Columbia river sand</u>			
<u>med. grey</u>	<u>0</u>	<u>20</u>	<u>5</u>
<u>24 inch casing water jetted to</u>			
<u>20 Ft. plastic casing installed 8'</u>			
<u>1" above grd 20' perforated</u>			
<u>5" - 19. 36. 4x4</u>			
<u>24" casing pulled. well pumped</u>			
<u>for approx 5 days 15-20 gpm</u>			
<u>Well decommissioned 9-17-02</u>			
<u>8" casing pulled & gravel removed</u>			
<u>as much as possible with backhoe.</u>			
<u>filled back with original</u>			
<u>material & compacted.</u>			

Date started 5-22-02 Completed 9-17-02

(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 I337
Signed Scott Ferguson Date 10-16-02