

Amendment

Mult 73525

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

(WELL I.D.)# L 67874
(START CARD) # 167412 (AMENDED)

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

(1) OWNER: Well Number TW-1
Name City of Portland BES
Address 1120 SW 5th Ave.
City Portland State OR Zip 97204

(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 dewatering

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 60 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14"	0	60	Bent. Chips	0	20	16 Sacks

How was seal placed: Method A B C D E
 Other poured dry
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:	10"	0	30'	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10"	50'	60'	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method wire wrap
 Screens Type V-wire Material Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30'	50'	.050		10"		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<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
60	1.35'	59'	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 1 N Range 1 E WM.
Section 34 SE 1/4 SE 1/4
Tax Lot 3600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Ankeny Shaft @ Waterfront Park, SW Ankeny & SW Naito - Portland, OR

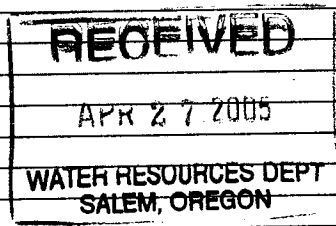
(10) STATIC WATER LEVEL:
21.85 ft. below land surface. Date 7/02/04
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground Elevation _____

Material	From	To	SWL
sand, gravel, rock (fill)	0	6'	
gravel & brick	6'	10'	
sand & gravel	10'	14'	
silt w/ scattered cobbles	14'	19'	
silt w/ wood debris	19'	24'	
sandy silt	24'	28'	
gravel & cobbles	28'	52'	
gravel with sand & cobbles	52'	60'	

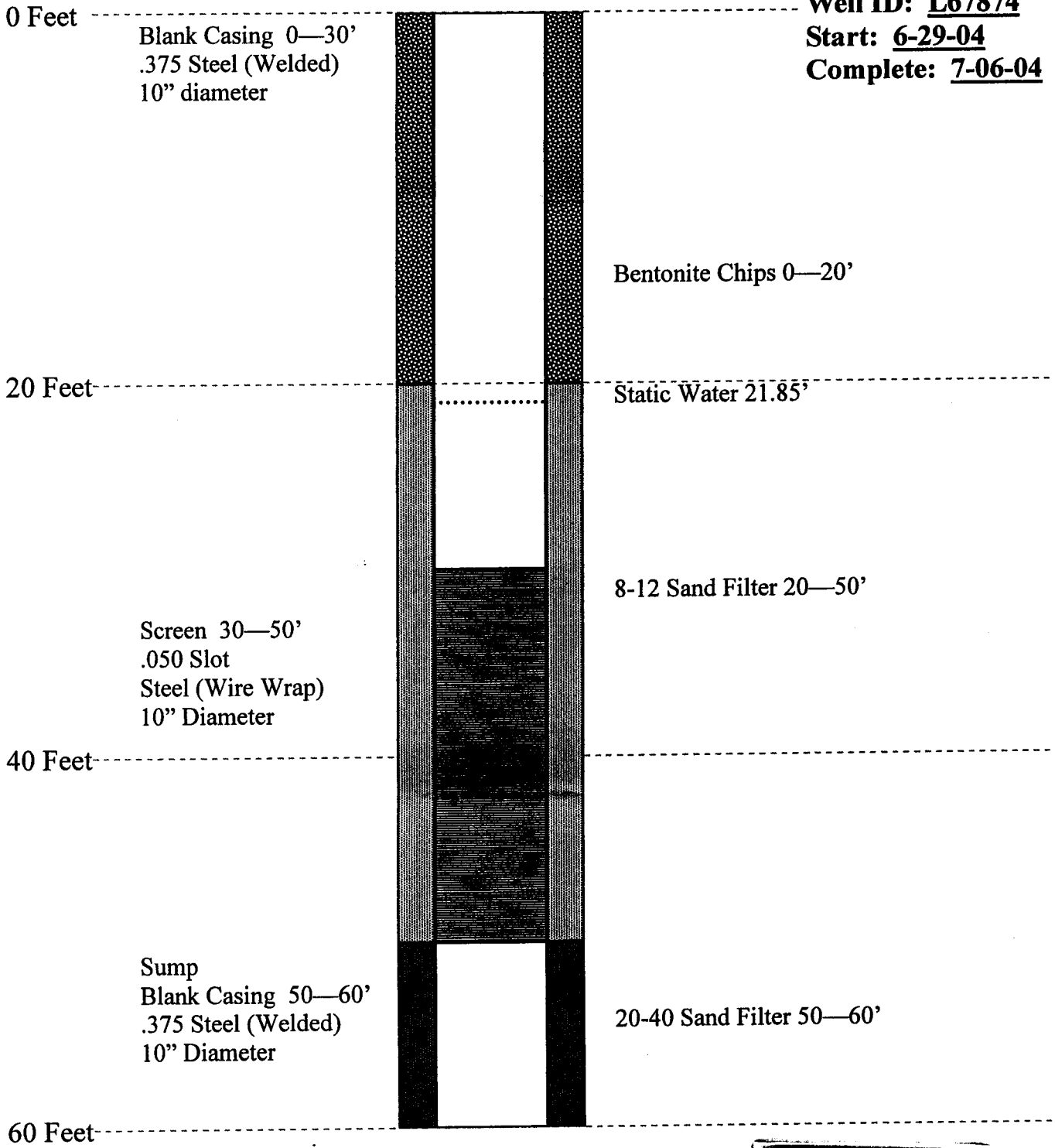


Date started 6/29/04 Completed 7/06/04
(unbonded) Water Well Constructor Certification:

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 1672
Signed [Signature] Date 04/25/05

(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 1523
Signed [Signature] Date 04/25/05

TW-1
Ankeny Shaft
Start Card: 167412
Well ID: L67874
Start: 6-29-04
Complete: 7-06-04



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APR 27 2005
WATER RESOURCES DEPT
SALEM, OREGON

STATE OF OREGON
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JUL 22 2004

WATER RESOURCES DEPT
 SALEM, OREGON

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 WWC Number 1523
 Signed _____ Date 7/20/03