MULT 75606

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

WELL I.D. # L #7
START CARD # 166120

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

(1) LAND OWNER Well Number #7
Name REYNOLDS METALS COMPANY
Address 5100 SUNDIAL RD
City TROUTDALE State OR Zip 97060

(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 ____ ft.
Explosives used ☐ Yes ☐ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
24	0	20	Bentonite			18/900

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED
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:	12	0	5		☐	☒	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ____
☒ Screens Type FACTORY SLOT Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
5	20	020		12"		☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
200	15		1 hr.

Temperature of water 51 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) or S Range 3 (E) or W. WM.
Section 23 NW 1/4 NW 1/4
Tax Lot 00100 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) 5100 SUNDIAL RD TROUTDALE, OR 97060

(10) STATIC WATER LEVEL:
3 ft. below land surface. Date 8-11-04
Artesian pressure ____ lb. per square inch Date ____

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

From	To	Estimated Flow Rate	SWL
3	20	300	3

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
TEMPORARY BOTTOM PLUG KNOCKED OUT, BACKFILL W/ BENTONITE CHIP AS CASING IS REMOVED			

RECEIVED
FEB 17 2005
WATER RESOURCES DEPT
SALEM, OREGON

Date started 11-29-04 Completed 11-29-04

(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 ____
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 2628
Signed [signature] Date 2-10-05

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

RECEIVED
DEC 11 2006
WATER RESOURCES DEPT
SALEM, OREGON