

MULT 86581

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STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 78309

START CARD # 37217

(1) LAND OWNER Owner Well I.D. I-1

First Name Kevin Last Name Cavanaugh

Company Burnside Rocket L.L.C.

Address 3435 NE 45th Ave., Pod #J

City Portland State OR Zip 97213

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

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community

Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy

Depth of Completed Well _____ ft.

| BORE HOLE | | | | SEAL | | | sacks/ lbs | |
|-----------|------|----|----------|------|----|------|------------|--|
| Dia | From | To | Material | From | To | Arnt | | |
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How was seal placed: Method A B C D E

Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|--------|-------|-----|---|------|----|-------|-----|-------|-----|------|
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Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

| Perf/ Sree | Casing /Liner | Screen Dia | From | To | Scrn/slot width | Slot lengt | # of slots | Tele/ pipe |
|------------|---------------|------------|------|----|-----------------|------------|------------|------------|
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(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| | | | |
| | | | |
| | | | |

Temperature _____ °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |
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(9) LOCATION OF WELL (legal description)

County Multnomah Twp 1 N Range 1 E WM

Sec 35 NE 1/4 of the SW 1/4 Tax Lot 5200

Tax Map Number JN1E35CA Lot 5200

Lat _____ or 45.5229 DMS or DD

Long _____ or -122.6543 DMS or DD

Street address of well Nearest address

1111 East Burnside Street, Portland, OR 97232

(10) STATIC WATER LEVEL

Date _____ SWL(psi) _____ + SWL(ft) _____

Existing Well / Pradeepening _____

Completed Well _____

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date _____ From _____ To _____ SWL(psi) _____ + SWL(ft) _____

| SWL Date | From | To | SWL(psi) | + SWL(ft) |
|----------|------|----|----------|-----------|
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(11) WELL LOG Ground Elevation _____

Material _____ From _____ To _____

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number _____ Date _____

Password : (if filing electronically) _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1824 Date 9/4/06

Password : (if filing electronically) _____

Signed [Signature]

Contact info _____

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**WATER SUPPLY WELL REPORT -
continuation page**

WELL I.D. # L 78309

START CARD # 37217

(5) BORE HOLE CONSTRUCTION

| BORE HOLE | | | SEAL | | | sacks/ |
|-----------|------|----|----------|------|----|---------|
| Dia | From | To | Material | From | To | Amt lbs |
| | | | | | | |
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FILTER PACK

| From | To | Material | Size |
|------|----|----------|------|
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| | | | |
| | | | |

(6) CASING/LINER

| Casing Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|--------------|-----|---|------|----|-------|-----|-------|-----|------|
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(7) PERFORATIONS/SCREENS

| Perf/ | Casing Screen | | | | | | | | |
|--------------|---------------|------|----|--------------------|---------------|---------------|---------------|--|--|
| Scree /Liner | Dia | From | To | Scrn/slot width | Slot lengt | # of slots | Tele/ pipe | | |
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(8) WELL TESTS: Minimum testing time is 1 hour

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| | | | |
| | | | |
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Water Quality Concerns

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |
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| | | | | |
| | | | | |

(10) STATIC WATER LEVEL

Water Bearing Zones

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|----------|------|----|----------|----------|-----------|
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(11) WELL LOG

| Material | From | To |
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RECEIVED
JUN 17 2009
WATER RESOURCES DEPT
SALEM, OREGON

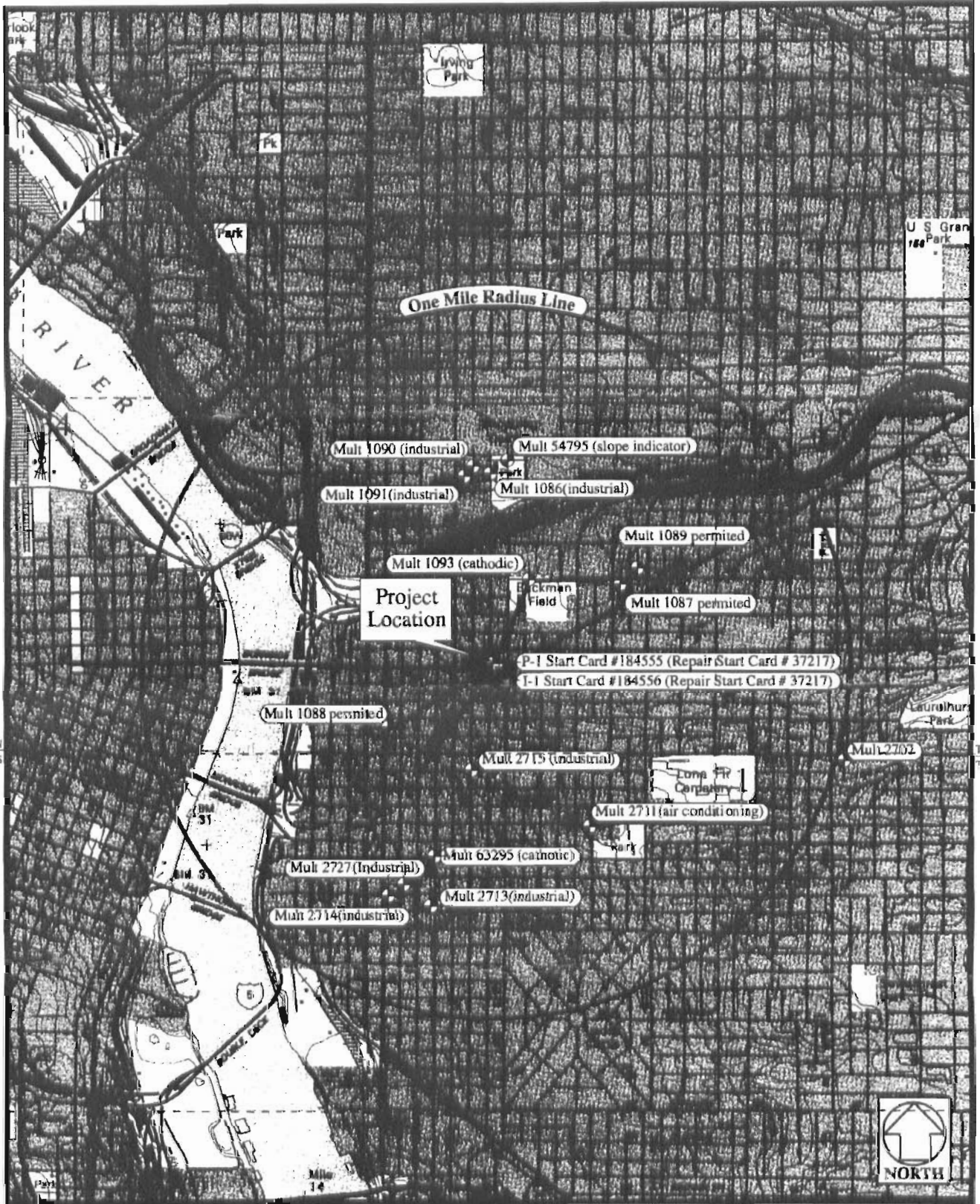
RECEIVED
OCT 27 2006
WATER RESOURCES DEPT
SALEM, OREGON

Comments/Remarks

Cut off 2.0 feet of casing. Casing is now 1 foot above bottom of well head vault.

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ROGER N. SMITH ASSOCIATES, INC.
 Groundwater and Environmental Consultants
RECEIVED **RECEIVED**
 JUN 17 2009 - OCT 27 2006
 WATER RESOURCES DEPT
 SALEM, OREGON

Project Manager
 Roger N. Smith
 Drawn By
 Steven Dopp
 Project Number
 06-808
 Date Last Modified
 August 16, 2006

Location Map of the 1111 E. Burnside - Rocket Building LTG Site Showing Project Permitted Wells and Other Nearby Wells

Map adapted from the 1990, Portland, OR-WA, USGS 7.5 minute Quadrangle
 Scale: 1:24,000

Figure 1