

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

WELL LABEL # 78323

START CARD # 184569

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

First Name _____ Last Name _____
Company Heritage Building LLC
Address 1628 N Columbia Blvd
City Portland State OR Zip 97217

(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 296 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Armt	Lbs
12	0	36	Bentonite Chips	0	36	28	S
8	+2	296					

How was seal placed: Method A B C D E
 Other Poured Chips
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	Pstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8		2	266	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 266
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS Perforations Method _____
Screens Type _____ Material _____

Perf/	Casing	Screen	From	To	Scrn/slot	Slot	# of	Tele/
Screen	/Liner	Dia			width	length	slots	pipe
Screen		8"	265	296	.015			Tele

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
110		290	14.5

Temperature 56 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County MULTNOMA Twp 1 N N/S Range 1 E E/W WM
Sec 23 SW 1/4 of the SW 1/4 Tax Lot 8900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
3934 NE Martin Luther King Blvd Portland

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	9/28/06	168	

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
9/26/06	196	256	15	168	
9/26/06	256	276	80	168	
9/26/06	276	296	100	168	

(11) WELL LOG Ground Elevation _____

Material	From	To
Grey Gravel	0	1
Tan sandy silt	1	28
Brown sand with small gravel	28	45
Brown med-coarse sand with small gravel	45	72
Brown gravelly sand med-coarse	72	124
Tan sand	124	142
Brown sand with angular gravels	142	168
Brown gravels with sand matrix	168	192
Brown angular gravel with sandy silt matrix	192	218
Grey angular gravel with sand matrix	218	253
Grey sub-round gravel with med sand	253	268
Grey gravel occ large gravel with med sand	268	296

Date Started 9/20/06 Completed 9/28/06

(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 10/28/06
Password : (if filing electronically) _____
Signed _____
Contact Info _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version:

NOV 03 2006

WATER RESOURCES DEPT
SALEM, OREGON