MULT 9085

Mult 90850

well #2

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OR 690-205-0210)

WELL LABEL # L 93472

START CARD # 113347

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

(1) LAND OWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company City OF GRESHAM
Address 1333 NW EASTMAN PARKWAY
City GRESHAM State OR. Zip 97030

(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 ☐ Injection ☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: ☑ Yes (attach copy)
Depth of Completed Well 50' ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amount	Sacks/lbs
57"	0'	10'	Bentonite	0	11'	360	SACKS
48"	10'	216'					
42"	216'	50'					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other POURED + TAMPED
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 10' ft. to 50' ft. Material PEA GRAVEL Size 3/8"
Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		12"	+	3'	12'	3/8		X		

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temporary casing ☑ Yes Diameter 57" From 0' To 10'

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type 12364 ASTM PVC Eagle 12 SDR 35 Sewer Pipe

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
	X	12"		12"	-12'	50'	3"	.030	17,000	0

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
10 GPM AFTER 1 HR Average			
NONE			

Temperature 53° °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units
NONE				

(9) LOCATION OF WELL (legal description)
County MULTNOMAH Twp 1 N or S Range 3 E or W W.M.
Sec 17 SW 1/4 of the SW 1/4 Tax Lot 00900
Tax Map Number _____ Lot _____
Lat 45 deg 29 MIN 24 Sec or _____ DMS or DD
Long 122 deg 28 MIN 3.4 Sec _____ DMS or DD
Street Address of Well (or nearest address) 3363 W Powell Loop GRESHAM OR. 97030

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening	—			
Completed Well	50'			-11' FT

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes
WATER BEARING ZONES Depth water was first found 12' FT

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/14/07	12'	14'	—	11' FT		

(11) WELL LOG Ground Elevation 628'

Material	From	To
TOP SOIL	0' FT	4' FT
CLAY BROWN	4' FT	9' FT
CLAY BLUE COBBLES	9' FT	12'
GRAVEL + COBBLES LOOSE	12'	14'
CLAY + GRAVEL BLUE	14'	37'
CLAY & COBBLES TIGHT BROWN	37'	50'

RECEIVED OCT 09 2007 WATER RESOURCES DEPT SALEM, OREGON

RECEIVED JAN 22 2008 WATER RESOURCES DEPT SALEM, OREGON

Date Started 9/16/07 Completed 9/18/07

(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 _____

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 755 Date 10/22/07

Signed BRAD Brant

Contact Info. (optional)

ORIGINAL – WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 10/16/2006