

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

WELL LABEL # L

START CARD # 197775

(1) LAND OWNER _____ Owner Well I.D. _____
First Name _____ Last Name _____
Company BONNEVILLE FISH HATCHERY
Address PO BOX 29416
City PORTLAND State OR Zip 97208

(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 0 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs
24	0	716	CEMENT	.5	151	194 S
20	716	118				
116	118	151				

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	
											
											
											
											

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

(7) PERFORATIONS/SCREENS		
Perforations	Method	
Screens	Type	Material

[illegible]

(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

(9) LOCATION OF WELL (legal description)
 County MULTNOMAH Twp 2 N N/S Range 7 E E/W WM
 Sec 21 SE 1/4 of the SW 1/4 Tax Lot 0200
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
☐ Street address of well ☒ Nearest address

BRADFORD ISLAND BONNEVILLE LOCK AND DAM
CASCADE LOCKS, OR

(10) STATIC WATER LEVEL		Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening					
Completed Well					
Flowing Artesian?		☐	Dry Hole?		☐

WATER BEARING ZONES				Depth water was first found _____	
SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)

[illegible]

Date Started 11-17-2008 Completed 12-02-2008

(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 688 Date _____
 Password: (if filing electronically) _____
 Signed Steven M. Stedeli

(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 1523 Date 1-5-09
 Password : (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____

