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

WELL LABEL # L	91777
START CARD#	200791

(1) LAND OWNER Owner Well I.D. 5	
(1) LAND OWNER Owner Well I.D. 5	(9) LOCATION OF WELL (legal description)
First Name Last Name	County MULTNOM/ Twp I N N/S Range 3 E E/W WM
Company City of Troutdale	Sec 35 NE 1/4 of the NW 1/4 Tax Lot 100
Address 104 SE Kibling Ave.	Tax Map Number Lot
City Troutdale State OR Zip 97060	Lat ° ' " or DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long OMS or DD
Alteration (repair/recondition) Abandonment	Street address of well Nearest address
Alteration (repair/recondition) Abandonment	
(3) DRILL METHOD	1297 SW Royal Anne Ave., Troutdale, OR
Rotary Air Rotary Mud Cable Auger Cable Mud	(10) CTATIC WATER LEVEL
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
	Existing Well / Predeepening D2-11-2009 304.5
(4) PROPOSED USE Domestic Irrigation Community	Completed Well
Industrial/ Commercial Livestock Dewatering	Flowing Artesian? Dry Hole?
Thermal Injection Other	WATER BEARING ZONES Depth water was first found
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)	
Depth of Completed Well ft.	SWEETS TOWN SWEETS TO SWEETS
BORE HOLE SEAL sacks/	
Dia From To Material From To Amt Ibs	
	(11) WELL LOG Ground Elevation
	Ground Elevation
How was seal placed: Method A B C D E	Material From To
Other	Alteration on Existing 16" Well @ 681 ft.
Backfill placed from ft. to ft. Material	40" of existing 16" casing removed and well head
Filter pack from ft. to ft. Material Size	fit with flange and access porting for water level
Explosives used: Yes Type Amount	measurement and venting. Top terminal height of well head is +18" above pump house floor.
	well flead is +18 above pump flouse floor.
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	
casing Lines 5th From 10 dauge 5th Fishe with Find	
	DECEIVED
	Thousand the Control of the Control
	550 0 F 0000
RAHAH H	FEB 2 5 2009
Shoe Inside Outside Other Location of shoe(s)	WATER RESOURCES DEPT
Temp casing Yes Dia From To	SALEM, OREGON
(7) PERFORATIONS/SCREENS	
Perforations Method	
Screens Type Material	
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/	Date Started 02-11-2009 Completed 02-11-2009
Screen Liner Dia From To width length slots pipe size	Date Started 02-11-2009 Completed 02-11-2009
	(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.
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date
Pump Bailer Air Flowing Artesian	Password: (if filing electronically)
Yield gal/min Drawdown Drill stem/Dump depth Duration (hr)	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
Temperature °F Lab analysis Yes By	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.
Water quality concerns? Yes (describe below) From To Description Amount Units	
From To Description Amount Units	License Number 1266 Date02-20-2009
	Password : (if filing electronically)
	Signed Contact Info (ontional)
	Contact Info (optional)