

MULT 99404

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

WELL LABEL # L 100325
 START CARD # 201338

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company Portland Meadows
 Address 1001 N Schmeer Rd
 City Portland State OR Zip 97219

(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			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
14.5	0	24	Cement	2	25	13	S

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14		2	23	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10		2	0	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perforations Method Factory saw slot
 Screens Type _____ Material steel

Perf/Screen	Casing/Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing	14	2	23	.25	3	441	PIPE

(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 _____ Units _____

(9) LOCATION OF WELL (legal description)
 County MULTNOM Twp 1 N N/S Range 1 E E/W WM
 Sec 10 NW 1/4 of the NE 1/4 Tax Lot 200
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
1001 N. Schmeer Rd.

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening	06-16-2009		2
Completed Well	06-19-2009		2

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
Existing 10" well-in large cave-in pit, well head @ ground level		
Video log well "open hole"	0	167
Over drill existing casing (T&C) with 12" (14" OD) drill-grouted bore	0	25
Set 14" perforated surface casing	2	23
Grouted in place with 13 sks. cement grout	2	25
Extended 10" casing with access port attach I.D. tag	2	0
Clean out well bore (descale) fill, scale sand	167	172
Gray-black sand & small gravel	172	
NOTE: 14" perforated surface casing left in place to support 10" well casing & seal. Cave-in pit to be back filled by owner.		
Video Log: well casing heavily scaled		
well bore deviation 120-140 ft. (no breaks visible)		
bottom at 167 ft.		

Date Started 06-16-2009 Completed 06-22-2009

(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.
 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 573 Date 06-22-2009
 Password: (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____

