

MULT 99760 "AMENDED LOG"

MULT 99760

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

WELL LABEL # L 100309
START CARD # 201823

(1) LAND OWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company Hayden Bay Marina Homeowners Association
Address 280 N. Lotus Beach Drive
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 194 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	194	Bentonite	0	40	24	S
			Cement	40	145	35	S
6	194	212					

How was seal placed: Method A B C D E

Other Pour in Annular

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 145 ft. to 194 ft. Material Gravel Size 1/8 x 1/4

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"/>	8	1.5	180	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	190	194	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type Wound wire Material Stainless Steel

Perf/ Screen	Casing/ Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
		8	180	190	.03			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)
80	0		1
150		35	1

Temperature 56 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) _____

From	To	Description	Units

(9) LOCATION OF WELL (legal description)
County MULTNOM Twp 2 N N/S Range 1 E E/W WM
Sec 34 SW 1/4 of the SE 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

280 N. Lotus Beach Dr.

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	<u>07-24-2009</u>			<u>25</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 180

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
<u>07-24-2009</u>	<u>180</u>	<u>190</u>	<u>150</u>			<u>25</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	1
Fine brown silty sand	1	18
Fine to medium gray sand	18	72
Wood	72	75
Fine gray sand	75	141
Soft gray clay	141	162
Cemented gravel	162	166
Medium gravel occ. large gravel	166	194
Fine gravel	194	196
Medium gravel (loose)	196	201
Fine to medium gravel with trace of brown sandy clay	201	212
Well Completed to 194 ft., lower bore caved in	212	194

Date Started 07-14-2009 Completed 07-24-2009

(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.

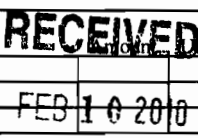
License Number _____ Date _____
Password : (if filing electronically) _____
Signed _____

(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 1266 Date Feb 9, 2010
Password : (if filing electronically) _____
Signed [Signature]
Contact info (optional) _____

WATER RESOURCES DEPARTMENT

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



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 License Number _____ Date _____
 Password: (if filing electronically) _____
 Signed _____

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 License Number 1266 Date 07-31-2009
 Password: (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____

RECEIVED
 AUG 05 2009