

Amended Well Report

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765)

WELL I.D. # L 43768
START CARD # 134870

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

(1) LAND OWNER City of Portland Well Number _____
Name City of Portland
Address 1120 S.W. Fifth Ave.
City Portland State OR Zip 97204

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other Test Production

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 600
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
24"	0	70	Cement	0	70	90 Sacks
20"	70	280	Cement	70	280	350 Sacks
15"	280	600				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 20"	0	600	3/8"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 1/2"	+1	280	3/8"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
950	—	—	96 hr.
1,350	140	—	72 hr.

Temperature of water 54° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Clackamas Latitude _____ Longitude _____
Township 1 N or S Range 5 E or W. WM.
Section 25 NE 1/4 NW 1/4
Tax Lot 1400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Lower Headwater Road, Bull Run Watershed

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure 70 lb. per square inch Date 6/15/01

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
27	40	60	25
290	320	100	
370	550	500	67

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Boulders Silt Sand	0	61	
Basalt Grey Slightly ves	61	95	
Siltstone Sandstone	95	100	
Basalt Grey top ves, w	100	100	
Basalt Grey Aphuric	150	290	
Basalt Grey Vesicular	290	320	
Basalt Grey light aphuric	320	510	
Basalt Grey Vesicular	510	550	
Basalt Grey fine grained	550	575	
Basalt Grey Vesicular	575	585	
Sandstone Ink-bed	585	596	
Basalt Grey Vesicular	596	600	

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DEC 14 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 2-13-01 Completed 6-15-01

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
Signed [Signature] WWC Number 1751
Date 12-11-01

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
Signed [Signature] WWC Number 1464
Date 12/12/01

STATE OF OREGON
WATER SUPPLY WELL REPORT
As required by ORS 537.765

WELL ID. # 43768
START CARD # 134870

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

(1) LAND OWNER: Well Number _____
Name: City of Portland Water Bureau
Address: 1120 SW Fifth Ave.
City: Portland State: OR Zip: 97201

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Hydrogen Livestock Other Test Production

(5) BORE HOLE CONSTRUCTION:
Special Construction approval: Yes No (This Depth of Completed Well 600)
Explosives used: Yes No Type _____ Amount _____

IDOLE				SEAL			
Diameter	From	To	Material	From	To	Notes or Remarks	
24"	0	100	Cement	0	100	90 Spools	
20"	0	200	Cement	100	200	350 Spools	
15"	0	100					

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Sew	Plastic	Welded	Threaded
Casing: 20"	0	100	101	X		X	
16"	100	320	321	X		X	
Line:							

Drive Shw used: Inside Outside None
Final location of sheets _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Line

(8) WELL TESTS: Minimum testing time is 1 hour

Pump	Flow	Bar	Flow	Air	Flow
Wells/gal/min	Drawdown	Drawdown	Drawdown	Drill stem at	Drawdown
950				90hr	
1,350	140			72hr	

Temperature of water 54° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Yes/None
 Salty Murky Taste Colored Other _____
Depth of strata _____

(9) LOCATION OF WELL by legal description:
County: Clackamas Latitude _____ Longitude _____
Township: 1 North Range: 5 Block W WM
Section: 35 NE 1/4 NW 1/4
Tax Lot: 1400 or _____ Block _____ Subdivision _____
Street Address of Well for record address: Lower Headwaters
Rd., Bull Run Water Stream

(10) STATIC WATER LEVEL:
_____ ft. below land surface Date: 6/15/01
Artesian pressure: 70 lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
27	40	60	25
290	320	100	
510	550	500	67

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Broken Silty sand	0	61	
Pinch of gray claystone	61	95	
Siltstone & Sandstone	95	100	
Basalt Gray, top layer	100	150	
Basalt gray, clay rich	150	290	
Basalt gray, vesicular	290	320	
Basalt, light gray, clay rich	320	510	
Basalt, gray, vesicular	510	550	
Basalt, gray, fine grained	550	575	
Basalt, gray, vesicular	575	585	
Sandstone interbed	585	590	
Basalt gray, vesicular	590	600	

Date started: 3-13-01 Completed: 6/15/01

(unbonded) Water Well Constructor Certification:
I certify that the work performed on the construction, 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.
Signed: Andre Gauthier Well Number: 1751
Date: 6-19-01

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction date 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.
Signed: [Signature] Well Number: 1444
Date: 6/19/01

