

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

(WELL I.D.)# L 58409
(START CARD) # 150220

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

(1) OWNER: Well Number Pilot 1
Name City of Portland - Water Bureau
Address 1120 SW 5th Ave., Room 600
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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 650 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	12	Cement	0		
12"	12	112			107	99 sacks
8"	112	270	Cement	107	266	70 sacks
6"	270	650				

How was seal placed: Method A B C D E
 Other 8" seal was pumped inside out from bottom up
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:	8"	0	107	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6"	+1	266	.250	<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations		Screens		Material		Casing	Liner
From	To	Slot size	Number	Diameter	Tele/pipe size		
						<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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
500		650'	1 hr.
2,000			0.25 hrs

Temperature of water 54 F Depth Artesian Flow Found 340'
Flowing Pump Bailer Air Artesian
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 S Range 5 E WM.
Section 35 NW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Bull Run Watershed,
Dam #2 Headworks

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure 56 lb. per square inch. Date 12/11/02

(11) WATER BEARING ZONES:
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
187	240	30 GPM	64
325	340	100 GPM	56
340	395	Flowing 150 GPM	
395	650	500 GPM	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
See Attached Sheet			

RECEIVED

JAN 08 2003

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10-14-02 Completed 12/11/02

(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 12-19-02

(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 12-19-02

