



Land Use Planning Division
 1600 SE 190th Ave, Ste 116
 Portland OR 97233
 Ph: 503-988-3043 Fax: 503-988-3389
 multco.us/landuse

CERTIFICATION OF WATER SERVICE
Take this form to the Water District that serves the property.

Address of Site 13801 N.W Charlton RD PORT OR 97231
 Map & Tax Lot Number 16 2N 1W, TL 900
 If Residential Use, Total Number of Units 3
 Applicant's Name Wiley Farm Enterprises LLC
 Mailing Address 13801 NW Charlton RD City PORT
 State OR Zip Code 97231

-TO THE APPLICANT-

Approval of most land uses involving a new or expanded use or involving creation of a new parcel requires a determination that the water system is adequate.
 If you propose to use a public water system, deliver this form to the appropriate water district prior to making any land use application. After the water district fills in the following section and returns it to you, include this form with your application.
 If you will be using a private water system, complete the bottom section of this form.

-TO BE COMPLETED BY A DISTRICT OFFICIAL AND RETURNED TO THE APPLICANT-

The District will provide service from a _____ inch line located _____

The proposed use should be required to make the following water system improvements:

Name of District _____ Name of Official _____
 Date _____ Office held by Official _____

-TO BE COMPLETED BY THE APPLICANT IF A PRIVATE WATER SYSTEM WILL BE USED-

If you propose to use a private water system, a determination that the system is adequate must be made to satisfy Comprehensive Plan Policy 37. There are two different times that determination can be made:
 (1) In the initial review of your proposal if the on-site well or other form of private system is existing at the time of the land use application, OR
 (2) After the initial review but before issuance of a building permit when documentation is provided to the Planning Director that a water system is in place. At that time public notification will again be given, which may result in a new public hearing.

Describe Water Source, Including Location Well Water
2 Well Reports Attached

Describe Supply of Water Available (i.e., Gallons Per Minute) 75



NOTICE TO WATER WELL CONTRACTOR
 The original and first copy
 of this report are to be
 filed with the
 STATE ENGINEER, SALEM, OREGON 97310
 within 30 days from the date
 of well completion.

RECEIVED
 JUN 12 1967
STATE ENGINEER
 SALEM, OREGON

MULT
 001655

State Well No. 2N/1W-16 P
 State Permit No. _____

(1) OWNER:

Name DR. DAVID WILEY
 Address 6476 S.W. BURLINGAME
PORTLAND OREGON

(2) LOCATION OF WELL:

County MULTNOMAH Driller's well number _____
SE 1/4 SW 1/4 Section 16 T. 2N R. 1W W.M.
 Bearing and distance from section or subdivision corner _____

(3) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
 Abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic Industrial Municipal
 Irrigation Test Well Other

(5) TYPE OF WELL:

Rotary Driven
 Cable Jetted
 Dug Bored

(6) CASING INSTALLED:

Threaded Welded
6" Diam. from 0 ft. to 90 ft. Gage 250
 " Diam. from _____ ft. to _____ ft. Gage _____
 " Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:

Perforated? Yes No

Type of perforator used _____
 Size of perforations in. by in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

(8) SCREENS:

Well screen installed? Yes No

Manufacturer's Name _____ Model No. _____
 _____ Slot size _____ Set from _____ ft. to _____ ft.
 _____ Slot size _____ Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:

Well seal—Material used in seal CEMENT
 Depth of seal 40 ft. Was a packer used? NO
 Diameter of well bore to bottom of seal 10 in.
 Were any loose strata cemented off? Yes No Depth _____
 Was a drive shoe used? Yes No
 Was well gravel packed? Yes No Size of gravel: _____
 Gravel placed from _____ ft. to _____ ft.
 Did any strata contain unusable water? Yes No
 Type of water? _____ depth of strata _____
 Method of sealing strata off _____

(10) WATER LEVELS:

Static level 30 ft. below land surface Date 5-23-67
 Artesian pressure _____ lbs. per square inch Date _____

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom? STRASSER
 Yield: 13 gal./min. with 1/2 ft. drawdown after 1 hrs.
 " 20 " " 1 " 2 "
 " 30 " " 1 1/2 " 18 "
 Bailor test 35 gal./min. with 2 ft. drawdown after 1 hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water 56° Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well below casing _____

Depth drilled 90 ft. Depth of completed well 90 ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
TOP SOIL	0	2
SANDY BROWN CLAY	2	40
BROWN SAND	40	65
BLACK SAND	65	80
SANDY BROWN CLAY	80	87
LOOSE SAND AND GRAVEL	87	90

Work started 5-19 1967 Completed 5-23 1967
 Date well drilling machine moved off of well 5-24 1967

(13) PUMP:

Manufacturer's Name GOULDS
 Type: SUBMERCIBLE H.P. 1

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME R.J. STRASSER DRILLING Co
 (Person, firm or corporation) (Type or print)
 Address 8110 SE SUNSET LANE PORTLAND
 Drilling Machine Operator's License No. 329
 [Signed] Robert J. Strasser
 (Water Well Contractor)
 Contractor's License No. 10 Date June 9, 1967

STATE OF OREGON
Water Supply Well Report

(as required by ORS 537.765)

MULT 66678
 MULT

Received Date: 05-31-2002

Well ID Tag # L 51158

Start Card # 132234

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

(1) Owner Well Number: 2
 Name: **ELINOR WILEY**
 Street: **13801 N.W. CHARLTON**
 City: **PORTLAND** State: **OR** Zip Code: **97231**

(2) Type of Work
 New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(3) Drill Method
 Rotary Air Rotary Mud Cable Auger
 Other:

(4) Proposed Use
 Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other:

(5) Bore Hole Construction
 Special Standards: Depth of completed well: **102.00 ft.**
 Explosives Used: Amount: Type:
 Hole Seal

Diameter	From	To	Mtrl	From	To	Sacks/lbs
10	0	18	BC	0	18	9
6	18	103				

 How was seal placed? Other: **POURED**
 Back fill placed from: Material:
 Filter pack from: Size:

(6) Casing / Liner
 Csng/ Shoe Shoe
 Liner Diameter From To Gauge Mtrl Weld Thrd at used

C	6	-1	102	.250	S	X	102	Out
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(7) Perforation / Screens
 Perforations: Csng/
 Mtrl From To Width Height #Slots Dia. t/pSize Lnr Method
 Screens:
 Mtrl From To S Size #Slots Dia. t/pSize Type Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	75.00	G		100	1.00

Temperature of Water: **54.00 F**
 Was water analysis done? Depth of artesian flow:
 by whom?
 Did any strata contain water unsuitable for use? Too Little Salty
 Muddy Odor Colored other:
 Depth of strata:

(9) Location of Hole by legal description
 County: **MULT** Latitude: Longitude:
 Township: **2.00 N** Range: **1.00 W**
 Section: **16 SWNW** Lot: Block:
 Tax Lot: **900** Subdivision:
 Street Address of Well (or nearest address):
13801 N.W. CHARLTON ROAD PORTLAND OR 97231
 MAP, with location identified, must be attached.

(10) Static Water Level
 Feet below land surface: **45.00** Date: **05 / 15 / 2002**
 Artesian Pressure: Date:

(11) Water Bearing Zones
 Depth at which water was first found: **45.00 ft.**

From	To	est Flow	swl
45	70	4	45
70	90	40	45
90	103	31	45

(12) Well Log Ground Elevation:

Material	From	To	swl
BROWN SILT	0	4	
BROWN SANDY LOAM	4	25	
GRAY SAND	25	70	45
GRAVEL & ALOT OF SAND	70	90	45
GRAVEL & LITTLE SAND	90	103	45

Date Started: **05 / 02 / 2002** Date Completed: **05 / 15 / 2002**

(unbonded) Water Well Constructor Certification:
 I certify that the work I perform on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.
 Signed by: WWC #:
(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed by: **THOMAS R DANNISON JR** WWC #: **1679**
TURNER WELL DRILLING Phone: **503-543-8383**