

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

(WELL I.D.#) L 60677

(START CARD) # 164292

(1) OWNER: OREGON PARKS & RECREATION-RED BRIDGE STATE PARK
Well Number _____
Name OREGON PARKS & RECREATION-RED BRIDGE STATE PARK
Address PO BOX 85
City MEACHAM State OR Zip 97859

(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 148 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12	0	53	CEMENT	0	52.5	25 SACKS
8	53	148				

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: 8	+6	52.5	0.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	28	148	0.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) NONE

(7) PERFORATIONS/SCREENS:

Perforations Method TORCH
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
108	148	1/4X6	40	6		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
200+		146	1 hr.
125	25FT	90FT PUMP SET	5HR

Temperature of water 53 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom BLUE MNT. WATER LAB
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored **RECEIVED**
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County UNION Latitude _____ Longitude _____
Township 3 S Range 36 E WM.
Section 20 SW 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) RED BRIDGE STATE PARK
HWY 244 - 5 MILES WEST OF I-84

(10) STATIC WATER LEVEL:
+1.5 ft. below land surface. Date 4-8-04
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 5'

From	To	Estimated Flow Rate	SWL
5	44	75GPM	2'
83	90	20	+1.5
118	148	200+	+1.5

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
SOIL	0	4	2
RIVER ROCK W/ GRAVEL & SAND	4	11	/
FRACTURED BASALT W/ RED CINDERS	11	16	/
FRACTURED BLACK BASALT	16	19	/
FRACTURED BASALT W/ RED CINDERS	19	35	/
FRACTURED BLACK BASALT	35	44	2
HARD BLACK BASALT	44	66	+1.5
BLACK BASALT W/ BROWN CLAY	66	73	/
BLACK BASALT	73	80	/
BLACK BASALT W/ TAN CLAY	80	83	/
BLACK BASALT	83	90	/
BLACK BASALT W/ TAN CLAY	90	94	/
BLACK BASALT	94	101	/
RED CINDERS	101	118	/
BROKEN BASALT W/ BROWN CLAY	118	148	+1.5

Date started 4-2-04 Completed 4-7-04

(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.
WVC Number _____
Signed _____ Date _____

(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.
WVC Number 1775
Signed Jesse [Signature] Date 4-11-04