

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

HOOD
 50017

RECEIVED

APR 22 1996

WELL ID # _____

(START CARD) # **75256**

Pg 1 of 2

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

(1) OWNER: Well Number: 1

Name CRISPO FARMS (ROBERT CRISPO)
 Address 5150 IMAI RD.
 City HOOD RIVER State OR Zip 97031

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

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
12"	0	45	See next line	0	45	22 BAGS
			CEMENT W/ 5% BENTONITE			
10"	45	118				
8"	118	390				
6"	390	757				

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"	+1	119	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	0	397	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 8" AT 119 FT & 6" AT 397 FT

(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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
180		757	1 hr.

Temperature of Water 50 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 Too little
 Depth of strata: 300

(9) LOCATION OF WELL by legal description:

County HOOD RIVER Latitude _____ Longitude _____
 Township 2N N or S. Range 10E E or W. of WM.
 Section 9 SE 1/4 NW 1/4
 Tax Lot 2801 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
COUNTRY CLUB RD., HOOD RIVER, OR.

(10) STATIC WATER LEVEL:

519 ft. below land surface. Date 3/29/96
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 13

From	To	Estimated Flow Rate	SWL
13	18	3	13
300	379	55	228
625	660	180	519

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
SOIL	0	2	
CLAY	2	13	
GRAVEL BOULDERS W/B	13	18	13
CLAY SAND HARD BROWN	18	46	
ROCK BROKEN BLACK	46	51	
SANDSTONE FINE HARD BROWN	51	71	
GRAVEL LARGE	71	85	
SANDSTONE HARD BROWN	85	112	
ROCK SOFT RED	112	119	
ROCK SOFT BLACK	119	130	
ROCK HARD FRACT. BLACK	130	140	
ROCK CLAY SEAMS	140	151	
BASALT VISCULAR BLACK	151	198	
CLAY RED	198	204	
BASALT VISCULAR BLACK	204	210	
BASALT CLAY SEAMS BROWN	210	220	
BASALT VISCULAR BROKEN BLACK	220	244	
BASALT MED HARD BLACK	244	269	
ROCK SOFT BROKEN BLACK	269	279	
SANDSTONE FINE BROWN	279	300	
BASALT BROKEN BLACK (CASED OFF)	300	379	228
BASALT BROKEN BLACK	379	390	
ROCK SOFT BLACK	390	400	
SANDSTONE FINE BROWN	400	421	

Continued on next page

Date started 3/4/96 Completed 3/29/96

(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 my best knowledge and belief.

Signed _____ WWC Number _____
 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.

Signed Austin Well Drilling WWC Number 790
 Date 4-17-96

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WATER RESOURCES DEPT.
CLATSOP COUNTY OREGON

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 Address _____
 City _____ State _____ Zip _____

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(3) DRILL METHOD:
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 Other _____

(4) PROPOSED USE:
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 Thermal Injection Livestock Other _____

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 Special Construction approval Yes No Depth of Completed Well _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	

 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	Material			
					Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input 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 Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
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 Section 9 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

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

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
ROCK SOFT POROUS MAROON	421	537	
SANDSTONE COARSE BROWN	537	667	
ROCK SOFT BLACK	567	625	
GRAVEL MULTI COLOR W/B	625	660	519
SANDSTONE COARSE BROWN	660	667	
GRAVEL MED.	667	690	
SANDSTONE MED BROWN	690	717	
BASALT HARD GREY	717	722	
SANDSTONE FINE BROWN	722	732	
ROCK SOFT BLACK	732	757	519

Date started _____ Completed _____

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 Signed _____ WWC Number 790
 Date _____
 Austin Well Drilling