

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

**HOOD 50023** HOOD  
 50023

(START CARD) # 79456

**(1) OWNER:**  
 Name Mt. Hood National Forest Well Number: L06799  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(2) TYPE OF WORK:**  
 New Well  Deepen  Recondition  Abandon

**(3) DRILL METHOD**  
 Rotary Air  Rotary Mud  Cable  
 Other Horizontal

**(4) PROPOSED USE:**  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other Ski Lodge

**(5) BORE HOLE CONSTRUCTION:**  
 Special Construction approval Yes No   Depth of Completed Well 220 ft.  
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	115	Grout	0	115	30 sacks

How was seal placed: Method  A  B  C  D  E  
 Other Pressure grouted from entrance  
 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	40	.322	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6	+2	115	.280	<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 sheets: \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
110	130	.040		6"	tele	<input type="checkbox"/>	<input type="checkbox"/>
130	220	.020		4"	PVC	<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
300			1 hr.

Temperature of water 35° 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 Hood River Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 3 N or S Range 9 E or W. WM.  
 Section 7 SW ¼ SW ¼  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Timberline Lodge Government Camp Mt. Hood National Forest

**(10) STATIC WATER LEVEL:** N/A  
 \_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found 157 ft.

From	To	Estimated Flow Rate	SWI
157	173	50 GPM	N/A
173	200	250 GPM	N/A

**(12) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWI
Silty soil with broken lava Rock and quartz	0	63	N/A
Grey sandy ash	63	97	
Grey lava rock, consolidated w/b at 157 feet	97	173	
Dark grey sandy ash	173	197	
Light brown sandy ash w/b	197	222	

**RECEIVED**

AUG 19 1996

WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started 6-20-96 Completed 8-9-96

**(unbonded) Water Well Constructor Certification:**  
 I certify that the work I performed on the construction, alteration, abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
 Signed [Signature] WWC Number 1233 Date 8-15-96

**(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. 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 [Signature] WWC Number 1200 Date 8-15-96