

AUG - 6 1997

HOOD
50057

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

WELL I.D.# L12933 WATER RESOURCES DEPT. 92709
SALEM, OREGON

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

(1) OWNER: Well Number _____
Name CASCADE PACIFIC COUNCIL (BSA)
Address 2145 SW FRONT AVENUE
City PORTLAND State OR Zip 97201

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

HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds	
20	0	8	Cement	0	8	6 sks+qe1	
12	8	30	Cement	8	30	10 sks+qe1	
8	30	54					
6	54	60					

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:	14	0	8	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	8	+1	54	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) 7-1/2" ID SHOE @ 54'

(7) PERFORATIONS/SCREENS:

Perforations Method ROTARY DRIVE DOWN
 Screens Type _____ Material STEEL

From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Liner
49	53	1/8x2	96			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
15		50	1 hr.
12		40	"

Temperature of water 40° F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom AMJ
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 3S N or S Range 9E E or W. WM.
Section 16 SE 1/4 SW 1/4
Tax Lot USEG (DEASE) Block _____ Subdivision _____
Street Address of Well (or nearest address) AUBREY WATZEK, WHITE RIVER LODGE, HWY #53, GOVERNMENT CAMP, OR

(10) STATIC WATER LEVEL:
7 ft. below land surface. Date 07/22/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 49

From	To	Estimated Flow Rate	SWL
49	60	15 GPM	7

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Gray boulders & sand, broken rock debris	0	19	
Gray & gray-brown basalt, occ. red tint, occ. large frac.	19	30	
Gray & gray-brown basalt	30	49	
Brown & gray-brown basalt, broken	49	60	7

Date started 07/16/97 Completed 07/22/97

(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 _____ 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 [Signature] WWC Number 573 Date 07/31/97