

# HOOD 50097

## AMDENDED WELL LOG

STATE OF OREGON  
 WATER SUPPLY WELL REPORT  
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 16334

START CARD # 91966

**(1) LAND OWNER** Owner Well I.D. 02

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company BONNEVILLE POWER ADMINISTRATION  
 Address PO BOX 491  
 City VANCOUVER State WA Zip 98666

**(2) TYPE OF WORK**  New Well  Deepening  Conversion  
 Alteration (repair/recondition)  Abandonment

**(3) DRILL METHOD**

Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other

**(4) PROPOSED USE**  Domestic  Irrigation  Community

Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)

Depth of Completed Well 100 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10	0	25	Bentonite	0	14	6	S
6	25	100	Cement	14	25	6	S

How was seal placed: Method  A  B  C  D  E

Other

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Casing Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
	6	0	95	.025				

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perforations Method \_\_\_\_\_

Screens Type V-WIRE Material STAINLESS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/ pipe size
Screen		5.5	95	100	.3	1	500	

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

Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
60		90	1

Temperature 57 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**

County HOOD RIVE Twp 1 N N/S Range 10 E E/W WM

Sec 31 NE 1/4 of the SE 1/4 Tax Lot 802

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

5600 RED HILL RD MT HOOD RIVER OR 97041

**(10) STATIC WATER LEVEL**

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening \_\_\_\_\_

Completed Well 11-14-1997 \_\_\_\_\_ 3

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 96

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11-14-1997	96	100	60		3

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
TOPSOIL	0	2
BOULDERS & CLAY	2	15
BROWN BASALT, RHYOLITE, FRACTURED	15	32
SAND, COARSE & RIVER GRAVEL	32	51
RHYOLITE, FRACTURED	51	80
SAND, COARSE & RIVER GRAVEL	80	85
RHYOLITE, FRACTURED	85	93
SAND, COARSE & RIVER GRAVEL	93	96
BROWN BASALT, WATER BEARING	96	100

**RECEIVED**

APR 01 2008

WATER RESOURCES DEPT  
 SALEM OREGON

Date Started 11-13-1997 Completed 11-14-1997

**(unbonded) Water Well Constructor Certification**

I certify that the work I performed on the construction, deepening, 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.

License Number 1256 Date 03-27-2008

Password: (if filing electronically) \_\_\_\_\_

Signed *Paul Moore*

**(bonded) Water Well Constructor Certification**

I accept responsibility for the construction, deepening, 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.

License Number 731 Date 03-27-2008

Password: (if filing electronically) \_\_\_\_\_

Signed *Charles S Moore*

Contact Info (optional) \_\_\_\_\_

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

*hood  
50097*

**HOOD 50097 RIVED**

NOV 24 1997

L 16334

W 91966

WATER RESOURCES DEPT. (START CARD) #

**(1) OWNER:**

Name **BONNEVILLE POWER ADMINISTRATION**  
 Address **PO BOX 491**  
 City **VANCOUVER** State **WA** Zip **98666**

Well Number **02**

**SALEM OREGON**

**LOCATION OF WELL by legal description:**

County **HOOD RIVER** Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township **1N** N or S. Range **10E** E or W. WM.  
 Section **31** **NE**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$   
 Tax Lot **802** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) **5600 RED HILL ROAD MT HOOD, PARKDALE OR 97041**

**(2) TYPE OF WORK:**

New Well  Deepen  Recondition  Abandon

**(3) DRILL METHOD:**

Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

**(4) PROPOSED USE:**

Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION:**

Special Construction approval  Yes  No Depth of Completed Well **100** ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	Top	25'	bentonite	TOP	14'	SACKS
6"	25'	100'				

How was seal placed: Method  A  B  C  D  E

Other **BENTONITE-DRY**

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

**(6) CASING/LINER:**

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casing:	6"	+1	94		<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) **94**

**(7) PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type **V wire** Material **Stainless**

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
95	100	.30		5.5		<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
<b>60 gpm</b>	<b>100%</b>	<b>90'</b>	1 hr.

Temperature of Water **57°** 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: \_\_\_\_\_

**(10) STATIC WATER LEVEL:**

**3'** ft. below land surface. Date **11-14-97**  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found **96'**

From	To	Estimated Flow Rate	SWL
<b>96'</b>	<b>100'</b>	<b>60 gpm</b>	<b>3'</b>

**(12) WELL LOG:**

Ground elevation \_\_\_\_\_

Material	From	To	SWL
<b>TOP SOIL</b>	<b>0</b>	<b>2</b>	
<b>BOULDERS &amp; CLAY</b>	<b>2</b>	<b>15</b>	
<b>BRN BASALT, RHYOLITE, FRACT</b>	<b>15</b>	<b>32</b>	
<b>SAND, COURSE &amp; RIVER GRAVEL</b>	<b>32</b>	<b>51</b>	
<b>RHYOLITE, FRACTURED</b>	<b>51</b>	<b>80</b>	
<b>SAND, COURSE &amp; RIVER GRAVEL</b>	<b>80</b>	<b>85</b>	
<b>RHYOLITE, FRACTURD</b>	<b>85</b>	<b>93</b>	
<b>SAND, COURSE &amp; RIVER GRAVEL</b>	<b>93</b>	<b>96</b>	
<b>BROWN BASALT, WATER BEARING</b>	<b>96</b>	<b>100</b>	<b>3'</b>

Date started **11-13-97** Completed **11-14-97**

**(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number **0731**  
 Signed *Charles S. Moore* Date **11-20-97**