

STATE OF OREGON
Water Supply Well Report

(as required by ORS 537.765)

HOOD 50350

HOOD

Received Date: **06-05-2002**

Well ID Tag # L **34427**

Start Card # **130680**

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

(1) Owner Well Number: **1**
 Name: **DEAN GUESS**
HOOD RIVER CO PARKS & BUILDINGS
 Street: **918 18TH ST**
 City: **HOOD RIVER** State: **OR** Zip Code: **97031**

(2) Type of Work
 New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(3) Drill Method
 Rotary Air Rotary Mud Cable Auger
 Other: _____

(4) Proposed Use
 Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other: _____

(5) Bore Hole Construction
 Special Standards: Depth of completed well: **185.00 ft.**
 Explosives Used: Amount: _____ Type: _____

Diameter	Hole		Mtrl	Seal		Sacks/lbs
	From	To		From	To	
10.00	0.00	140.00	BE	0.00	25.00	10
6.00	140.00	405.00				

 How was seal placed? **C** Other: _____
 Back fill placed from: **185.00 ft. To 405.00 ft.** Material: **GL**
 Filter pack from: **25.00 ft. To 140.00 ft.** Size: **0.25**

(6) Casing / Liner

Csng/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	6.00	0.00	140.00	.25	S	X		140	

(7) Perforation / Screens
 Perforations:

Mtrl	From	To	Width	Height	#Slots	Dia.	t/pSize	Csng/ Lnr	Method
S	60.00	120.00	0.25	2.00	450	6.00		C	HOLTE

 Screens:

Mtrl	From	To	S Size	#Slots	Dia.	t/pSize	Type	Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	1.00	G	100.00	395.00	1.00

Temperature of Water: **54 F**
 Was water analysis done? Depth of artesian flow: _____
 by whom? _____
 Did any strata contain water unsuitable for use? Too Little Salty
 Muddy Odor Colored other: _____
 Depth of strata: _____

(9) Location of Hole by legal description
 County: **HOOD** Latitude: _____ Longitude: _____
 Township: **2.00 N** Range: **9.00 E**
 Section: **22 SWSE** Lot: _____ Block: _____
 Tax Lot: **100** Subdivision: _____
 Street Address of Well (or nearest address):
KINGSLEY RD HOOD RIVER OR 97031
 MAP, with location identified, must be attached.

(10) Static Water Level
 Feet below land surface: **80.0** Date: **05 / 08 / 2002**
 Artesian Pressure: _____ Date: _____

(11) Water Bearing Zones
 Depth at which water was first found: **56.00 ft.**

From	To	est Flow	swl
18.00	83.00	0.50	80

(12) Well Log Ground Elevation: _____

Material	From	To	swl
BROWN CLAY & COBBLES	0.00	18.00	
BROWN CLAY	18.00	56.00	
CLAY, GRAVEL, & BOULDERS	56.00	83.00	80
WATERBEARING	56.00	83.00	80
BROWN CLAY & BOULDERS	83.00	103.00	80
BROWN & GRAY BASALT	103.00	114.00	80
GRAY BASALT & CINDERS W/CLAY	114.00	128.00	80
GRAY BASALT, MEDIUM, FRACTURED	128.00	137.00	80
BROWN & GRAY BASALT, MEDIUM	137.00	179.00	80
GRRAY & RED BASAATL W/CINDERS	179.00	195.00	80
AND RED CLAY	179.00	195.00	80
GRAY BASALT, MEDIUM HARD	195.00	208.00	80
GRAY BASAALT, POROUS	208.00	214.00	80
GRAY BASALT W/QUARTZ	214.00	291.00	80
BROWN CLAY W/CINDERS	291.00	304.00	80
BROWN BASALT, HARD	304.00	331.00	80
GRAY BASALT, HARD	331.00	357.00	80
GRAY CINDERS W/BROWN CLAY	357.00	375.00	80
GRAY BASALT, HARD	375.00	391.00	80
BROWN & RED BASALT, POROUS	391.00	405.00	80

 Date Started: **05 / 06 / 2002** Date Completed: **05 / 08 / 2002**

(unbonded) Water Well Constructor Certification:
 I certify that the work I perform 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 the best knowledge and belief.
 Signed by: _____ WWC #: _____

(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.
 Signed by: **CHARLES MOORE** WWC #: **731**
M-K DRILLING CO. Phone: **509-767-1342**