

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

HOOD 50548

HOOD

50548

WELL I.D. # L 79962

START CARD # 181333

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

(1) LAND OWNER Well Number _____
Name Odell Sanitary District
Address PO Box 28
City Odell State OR Zip 97044

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

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) PROPOSED USE
☐ Domestic ☐ Community ☒ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☒ No
Depth of Completed Well 589 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
6"	450	589				
See	MULT	50547	for original			
construction data	ils					

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:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS
☐ Perforations Method _____
☐ Screens Type _____ Material steel

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 ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100	45.4		24 hr

Temperature of water 60 Depth Artesian Flow _____
Was a water analysis done? ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Murky ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)

County Hood River
Tax Lot 1804 Lot _____
Township 2 N Range 10 E WM
Section 23 SW 1/4 NW 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 3700 Dethman Ridge Rd.
Odell, Or 97044

(10) STATIC WATER LEVEL

39' ft. below land surface. Date 01-24-06
20.4' ft. below land surface. Date 12-15-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 41

From	To	Estimated Flow Rate	SWL
528	554	180 + gpm	39'

(12) WELL LOG

Material	From	To	SWL
Gray basalt - hard	450	479	
Gray/black basalt - hard w/ some fractures	479	517	
Gray/black basalt - fractured	517	528	
Black basalt w/ vesicular green w/ green and brown	528	534	
Black basalt - hard w/ fractures	534	546	
Brown basalt - decomposed vesicular	546	554	
Brown/gray basalt - medium fractured	554	557	
Gray basalt - hard fractured	557	583	
Gray/green basalt med w/ some fractures	583	587	
Basalt, light gray - very hard	587	589	

Date Started 1-20-06 Completed 1-24-06

(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.

WWC Number 17727 Date 2-24-06

Signed William S. Wright

(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.

WWC Number 1464 Date 2-28-06

Signed [Signature]

RECEIVED

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WATER RESOURCES DEPT
SALEM, OREGON

SEP 15 2006

ORIGINAL - WATER RESOURCES DEPARTMENT
WATER RESOURCES DEPT.
SALEM, OREGON

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER

06/16/2004