

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

RECEIVED

SEP 29 1994

WATER RESOURCES DEPT

(START CARD) #

60294

2N/10E/36aa

Hood
582

(1) OWNER: Well Number SALEM, OREGON

Name THOMAS SAWYER
 Address 4480 Booth Hill Rd
 City Hood River State ORE. Zip 97034

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20'	CEMENT GRout	0	20'	7
8"	20	230'				

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: 6"	+1.5	228.5	1250	<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) PERFORATIONS/SCREENS:
 Perforations Method Touch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
150'	228.5	1/2"	90	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
65	36'		1 hr.

Temperature of Water 60 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 2 (N) or S. Range 10 (E) or W. WM. _____
 Section 36 NE 1/4 NE 1/4
 Tax Lot 300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) THOMPSON Rd.

(10) STATIC WATER LEVEL:
148 ft. below land surface. Date 9-11-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 175.0

From	To	Estimated Flow Rate	SWL
148.0 175.0	225.0	65 gpm	148

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
SOIL	0	1.0	
CLAY, RED.	1.0	19.0	
SANDSTONE MED. w/CLAY LT. BR.	19.0	20.0 40.0	
Boulders MED.	40.0	43.0	
SANDSTONE MED. w/CLAY LT. BR.	43.0	45.0	
Boulders Lg.	45.0	50.0	
SANDSTONE MED. w/CLAY LT. BRN.	50.0	86.0	
Boulder MED.	86.0	88.0	
CLAY, RED.	88.0	92.0	
SANDSTONE MED. w/CLAY LT BRN.	92.0	101.0	
CLAY, RED.	101.0	155.0	
SANDSTONE MED MULTI / CLAY RED	155.0	176.0	148.0
SANDSTONE FINE MULTI /	176.0	196.0	
Boulder	196.0	209.0	
SANDSTONE MED. MULTI. / CLAY, RED.	209.0	226.0	
CLAY, YELLOW	226.0	230.0	

Date started 8-30-94 Completed 9-15-94

(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 1613
 Signed Greg M. Byrd Date 9-19-94