

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

3
 HOOD
 584

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NOV - 9 1994

1/5/10E/2066
 60292

WATER RESOURCES DEPT. (START CARD) #

(1) OWNER: Well Number 60292 SALEM, OREGON

Name MIKE RICE
 Address 8885 Cooper Spur RD.
 City Parkdale State OR Zip 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 146 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
10"	0' 18'	CEMENT-BENT.	0' 19'	24
6"	18' 146'			

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	118.5	1250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	106	146	1250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
14	0		1 hr.

Pump Bailer Air Flowing Artesian

Temperature of Water 50° 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 15 N or S. Range 10 E or W. WM.
 Section 20 N.W. 1/4 N.W. 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 8885 Cooper Spur RD

(10) STATIC WATER LEVEL:
114 ft. below land surface. Date 9-28-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 15'

From	To	Estimated Flow Rate	SWL
15'	16'	1/2 gpm	15
130'	146'	25 gpm	114

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Soil	0	1	
Sandstone Brown med w/clay	1	10	
Sandstone " " " " " "	10	40	
Clay red-brown w/smg gravel	40	45	
Gravels - red	45	50	
Sandstone multi color w/clay	50	56	
Clay - yellow w/sand	56	60	
Clay - red w/smg gravel	60	73	
Sandstone lt Brown w/clay	73	90	
" " multi color fine	90	105	
Gravels - multi color	105	109	
Sandstone multi - fine	109	133	
Sandstone (med Black w/clay)	133	146	

Date started 9-16 Completed 10-3-94

(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 11-6-94