

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

Mult
75373

WELL I.D. # L 41162
START CARD # W 160994

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

(1) OWNER: Well Number _____
Name Oregon State Parks
Address 902 Wasco Ave. Suite 200
City Hood River State Or Zip 97031

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 84 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL					
Diameter	From To	Material	From To	Sacks or pounds			
16"	0 4'	Hole Plug	0 4	13 sks			
existing			0 31	cement			

How was seal placed: Method A B C D E
 Other Placed Dry & Hydrated
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
8"	+ 1 3'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Casing:			<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"/>

(7) PERFORATIONS/SCREENS:

From To	Slot size	Type	Number	Diameter	Material	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 Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
Temperature of water _____ 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 Multnomah Latitude _____ Longitude _____
Township 1 N N or S Range 6 E E or W. WM.
Section 12 SW 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Benson State Park
I-84 East of Trout Dale, Or

(10) STATIC WATER LEVEL:
22' ft. below land surface. Date 1-4-05
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Pump was pulled, dug out			
around 8" 4 ft deep cut			
8" casing off 3 ft. below			
grade, cut 6" liner off			
at 3 ft. below grade.			
welded 4 ft. long 8" dia.			
spool type pitless adapter			
onto existing casing 1 ft.			
above ground level.			
Placed bentonite seal			
0 - 4 ft.			
RECEIVED			
RECEIVED			
JAN 27 2005			
MAR 10 2005			
WATER RESOURCES DEPT			
SALEM, OREGON			
WATER RESOURCES DEPT			
SALEM, OREGON			

Date started 1-4-05 Completed 1-5-05

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. Terry Johnson WWC Number 321

Signed Terry Johnson Date 1-21-05

(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 water supply well construction standards. This report is true to the best of my knowledge and belief. Ron Aspaas WWC Number 1445

Signed Ron Aspaas Date 1-21-05

ev 12/14/04



Oregon

Theodore R. Kulongoski, Governor

Water Resources Department
North Mall Office Building
725 Summer Street NE, Suite A
Salem, OR 97301-1271
503-986-0900
FAX 503-986-0904

November 2, 2004

Hansen Drilling Co. Inc.
Attn: Ron Aspaas #1445
6711 NE 58th Ave
Vancouver, WA 98661

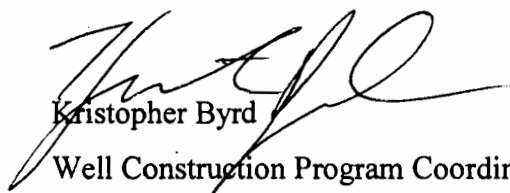
FINAL ORDER

Dear Ron:

The Special Standard request you submitted for owner: Oregon State Parks/ U.S. Forest Service, Start Card numbers 160994, is hereby **denied**. Your request was to alter the well in order to install a pitless adapter (See OAR 690-210-0250). Your Special Standard request form is enclosed.

If you have any questions concerning this letter, I may be contacted at (503) 986-0851, or by e-mail at Kristopher.R.Byrd@wrд.state.or.us.

Sincerely,


Kristopher Byrd
Well Construction Program Coordinator
Enforcement Section

enclosure

cc: Ken Wilcke, NW Region Well Inspector
File

This is a final order in other than a contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review of the order must be filed within the 60 day time period specified by ORS 183.484(2). Pursuant to ORS 536.075 and OAR 137.004-0080 and OAR 690-01-0005 you may either petition for judicial review or petition the Director for reconsideration of this order.