

Shur 50206

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form

SHER 50206

WELL ID # L 78909
(START CARD) # 185220

(1) OWNER: View Well Number: 2
Name Orchard Blaw Farms
Address 4055 Skyline Rd.
City The Dalles, State OR Zip 97058

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

HOLE			SEAL		Amount	
Diameter	From	To	Material	From	To	sacks or pounds
20	0	21	Cement	0	21	25 Sacks
12	21	170	Cement	0	152	80 Sacks
10	170	380				

How was seal placed: Method A B C D E
 Other 14" Sealed C 10" Sealed A
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: 14" +2' 21' .250
10" +3' 152' .250
Liner: _____
Final location of shoe(s) Cement Shoe 152 ft.

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
425 100% 379 1 hr.

Temperature of Water 58 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: 137 to 145

(9) LOCATION OF WELL by legal description:
County Sherman Latitude _____ Longitude _____
Township 1N N or S. Range 17E E or W. of WM.
Section 9 SW 1/4 SE 1/4
Tax lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1/4 Mile north of Hwy 97 on Clark Rd.

(10) STATIC WATER LEVEL:
146 ft. below land surface. Date 05/27/2007
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 137

From	To	Estimated Flow Rate	SWL
137	145	90	115
367	380	425	146

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil	0	8	
Rock Fract. Brown	8	16	
Basalt Hard Gray	16	137	
Rock Fract. Med. Brown W/B	137	145	115
Basalt Med. Black	145	167	
Basalt Med. Gray	167	188	
Basalt Med. Black	188	367	
Rock Med. Brown W/B	367	380	146

Date started 03/23/2007 Completed 05/26/2007

(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 my best knowledge and belief.
Signed _____ WWC Number _____
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Charles Austin WWC Number 790
Date 06/04/2007