

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 32545
START CARD # 100767

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

(1) OWNER: Well Number _____
Name LARRY BARSTAD
Address 3525 3 mile RD
City The Dalles State OR ZIP 97168

(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 840ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	57	Port cement	0	57	15 SACKS
8"	57	840				

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:

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8"	0	57	280	<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"/>

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____

From	To	Slot size	Number	Diameter	Size	Casing	Liner
NA	NA						

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

Pump Bailor Air Flowing
Yield gal/min 300 Drawdown _____ Drill stem at _____ Time _____

Temperature of water 70° Depth Artesian Flow Found _____
Was a water analysis done? Yes. By whom _____
Did any strata contain water not suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County UMAT Latitude 41° Longitude 121°
Township 2N or S Range 33 or W. WM.
Section 32 NW 1/4 SW 1/4
Tax Lot 11501 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
12' ft. below land surface. Date 7-18-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 122

From	To	Estimated Flow Rate	SWI
122	125	20	18'
832	840	300	12'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL GRAVEL	0	34	
BROWN BASALT	34	40	
BROKEN BLACK + BROWN BASALT	40	43	
BLACK BASALT	43	120	
Blue claystone	120	125	18'
BLACK BASALT	125	137	
Black scoria	137	150	
Black BASALT	150	245	
Black w/ Red scoria	245	253	
Black BASALT	253	302	
Green claystone	302	307	
Black BASALT	307	375	
Black w/ green claystone	375	380	
Grey BASALT	380	502	
Black + Brown claystone green	502	547	
Black w/ Blue claystone	547	550	
Black BASALT	550	570	
Black + Brown w/ green claystone	570	570	
Black BASALT	570	832	
Black scoria	832	840	12'

Date started 7-12-99 Completed 7-16-99
(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.
Signed Chad Lovat WWC Number 1735 Date 7-20-99

(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 Jerry Burt WWC Number 544 Date 7-20-99

UMAT
53486

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AUG 19 1999

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Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	8"	11	57	260	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

Final location of shoe(s) _____

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 300 Drawdown _____ Drill stem at _____ Time 1 hr.

Temperature of water 70° 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 UMAT, 119 Latitude 2N Longitude 33E
Township 2N or S Range 33 or W. WM.
Section 32 Nw 1/4 SW 1/4
Tax Lot 11501 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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BLACK SCORIA	137	150	
BLACK BASALT	150	245	
BLACK w/ RED SCORIA	245	253	
BLACK BASALT	253	302	
GREEN CLAYSTONE	302	307	
BLACK BASALT	307	375	
BLACK w/ GREEN CLAYSTONE	375	380	
GRAY BASALT	380	502	
BLACK + BROWN GLASS GREEN	502	547	
BLACK w/ BLUE GLASS GREEN	547	550	
BLACK BASALT	550	570	
BLACK + BROWN w/ GREEN CLAYSTONE	570	590	
BLACK BASALT	590	832	
BLACK SCORIA	832	840	12'

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