

#3

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

WASC
18929

2W/13E/19dc

(START CARD) # W-24400

(1) OWNER: Well Number: _____
Name **Jack G. & Helen Huffman**
Address **4720 Seven Mile Hill Road**
City **The Dalles** State **OR** Zip **97058**

(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 **541** ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
6"	375 540			

How was seal placed: Method A B C D E
 Other **Old seal not disturbed**
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	Material			
					Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoes: _____

(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"/>
						<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
35		520	1 hr.

Temperature of water **60°** Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom **Valley View Enterprises**
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 **Wasco** Latitude _____ Longitude _____
Township **2 N** N or S. Range **13 E** E or W. WM.
Section **19** SW $\frac{1}{4}$ SE $\frac{1}{4}$
Tax Lot **700** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **4720 Seven Mile Hill Rd, The Dalles OR**

(10) STATIC WATER LEVEL:
253 ft. below land surface. Date **3-16-91**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **375 ft**

From	To	Estimated Flow Rate	SWL
375	390	35 GPM	253

(12) WELL LOG: Ground elevation **450**

Material	From	To	SWL
Rock, grey pourous	375	390	253
Rock, grey med hard	390	430	253
Rock/clay seams	430	510	253
Rock, black pourous	510	525	253
Rock, black	525	540	253

RECEIVED

APR 17 1991

WATER RESOURCES DEPT.
SALEM, OREGON

Date started **March 11, 1991** Completed **March 16, 1991**

(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.
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 well construction standards. This report is true to the best of my knowledge and belief.
Signed **Delbert Clayton** WWC Number **569**
Date **April 12, 1991**