

#3

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

WASCO
1902

WV13E27 bb

(START CARD) # 24002

(1) OWNER:

Name Richard Lunceford
Address 3153 Three Mile Rd.
City The Dalles State Or. Zip 97058

Well Number: _____

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

| HOLE | | | SEAL | | | Amount sacks or pounds |
|----------|------|-----|----------|------|----|---------------------------|
| Diameter | From | To | Material | From | To | |
| 6" | 261 | 345 | N/A | | | |

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 | 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 shoets) _____

(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 |
|---------------|----------|---------------|-------|
| 40 | | 340 | 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 Wasco Latitude _____ Longitude _____
Township 1N N or S, Range 13 E E or W, WM.
Section 27 NW $\frac{1}{4}$ NW $\frac{1}{4}$
Tax Lot 600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3153 Three Mile The Dalles, Or.

(10) STATIC WATER LEVEL:

125 ft. below land surface. Date 4-17-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 330

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 330 | 345 | 40 | 125 |

(12) WELL LOG:

| Material | From | To | SWL |
|-----------------------|------|-----|-----|
| Basalt soft grey | 261 | 268 | |
| Basalt hard fract.blk | 268 | 281 | |
| Basalt hard grey | 281 | 312 | |
| Basalt soft blk | 312 | 324 | |
| Basalt fract blk | 324 | 330 | |
| Basalt hard grey | 330 | 345 | 125 |

Date started 4-15-91 Completed 4-17-91

(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.

WVC 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.

WVC Number 790
Signed [Signature] Date 5-6-91