

#3

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MAY 14 1991

2N/2E/7aa

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

WATER RESOURCES DEPARTMENT CARD # W19191

WASC  
1905

(1) OWNER:  
Name W. B. REEVES  
Address 1250 STATE RD  
City MOSIER State OR Zip 97040

Well Number: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County WASCO Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 2N N or S. Range 12E E or W. WM.  
Section 7 NE 1/4 NE 1/4  
Tax Lot 100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 1027 ROOT RD  
MOSIER OR 97040

(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 130 ft.  
Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
6	0	130	NOT COMPLETED			

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	<u>NONE</u>				<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"/>

Final location of shoe(s) \_\_\_\_\_

(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 \_\_\_\_\_  
NO WATER \_\_\_\_\_ 1 hr.

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: \_\_\_\_\_

(10) STATIC WATER LEVEL:  
\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found NONE

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
CLAY SOIL	0	4	
BROWN SANDSTONE	5	25	
SAND & RED CLAY	26	30	
BROWN SANDSTONE	31	50	
SAND & SILT	51	60	
GRAVEL	61	65	
BROWN SANDSTONE	66	105	
BLUE/BROWN CLAY	106	130	

START CARD W24388  
TURNED OVER TO AUSTIN  
WELL DRILLING 11<sup>th</sup> day of Oct  
1990

Date started AUG 3, 1990 Completed \_\_\_\_\_

(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 \_\_\_\_\_ LAND OWNER BOND SLR 11120086797  
Date 12<sup>th</sup> OCT 1990

(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 \_\_\_\_\_ WWC Number \_\_\_\_\_  
Date \_\_\_\_\_