

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

WASC
 2000

RECEIVED
 APR 13 1992

2N/13E/30ab

(START CARD) # 31778

(1) OWNER: Name Wes Pullen
 Address 4109 Chenowith Rd. W.
 City The Dalles, State Or. Zip 97058

Well Number WATER RESOURCES DEPARTMENT
 Association of Well by legal description:
SALEM, OREGON, Wasco Latitude _____ Longitude _____

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

Township 2N N or S. Range 13 E E or W. W.M.
 Section 30 NW 1/4 NE 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 300 ft. north
of Chenowith Rd. and off 7 mile 250 NE

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(10) STATIC WATER LEVEL:
380 ft. below land surface. Date 3-10-92
 Artesian pressure _____ lb. per square inch. Date _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 64

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 525 ft.
 Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
64	94	Cased off	60
490	525	Est 120	380

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
15"	0 50				
10"	50 480	Cement	0 50	87 Bags	
8"	480 500	W/5% Bentonite			
6"	500 525				

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 _____

(12) WELL LOG: Ground elevation _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10"	+1	53	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	+1 1/2	165	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 7"	10	450	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 8" drive shoe 165 ft.

Material	From	To	SWL
Gravel & Boulders	0	31	
Clay grey soft	31	38	
Rock soft	38	64	
Gravel med cemented W/B	64	94	
Rock fract clay seams brn	94	132	
Clay stone red	132	134	
Rock sft fract clay seams grey	134	141	
Basalt fract grey	141	173	
Basalt hard grey	173	198	
Basalt fract clay seams soft yellow	198	212	
Rock soft blk	212	220	
Rock broken soft blk	220	242	
Rock fract med hard grey	242	258	
Rock broken blk visicular	258	290	
Basalt med hard blk	290	343	
Rock soft pour blk	343	365	
Clay stone green	365	400	
Rock broken W/clay brn	400	410	
Rock broken grey	410	422	
Rock fract med soft blk	422	470	
Rock hard	470	486	
Rock hard broken	486	490	
Rock hard fract grey	490	525	

Date started 1-9-92 Completed 3-10-92

(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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Est 120 Drawdown _____ Drill stem at 500 Time 1 hr.

(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 _____

Temperature of water 61 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: _____

(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 [Signature] WWC Number 790
 Date 4-9-92