

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

WASC
 2013

NOV - 5 1992

2N/12E/6db

WATER RESOURCES DEPARTMENT

(START CARD) # 31797

(1) OWNER:

Name Jim Gannon
 Address 1120 State Rd.
 City Mosier State Or. Zip 97040

Well Number: SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County Wasco Latitude _____ Longitude _____
 Township 2N N or S. Range 12 E E or W. WM.
 Section 6 NW 1/4 SE 1/4
 Tax Lot 1800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same As above

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	18	Cement	0	18	14 Bags
12	18	80	W/ 5% Bentoinite			
10	80	93				

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
					Steel	Plastic	Steel	Plastic		
Casing:	10	+1	53	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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
80 to 90		280	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: _____

(10) STATIC WATER LEVEL:

160 ft. below land surface. Date 10-28-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 273

From	To	Estimated Flow Rate	SWL
273	280	80 to 90	160

(12) WELL LOG:

Material	From	To	SWL
Soil Brn	0	2	
Clay brn	2	15	
SS finehard brn	15	37	
Gravel with clay brn	37	57	
Basalt hard brn	57	64	
Rock med blk	64	96	
Basalt fract gray	96	106	
Basalt med hard gray	106	124	
Basalt hard gray	124	130	
Rock soft blk	130	142	
Basalt hard gray	142	170	
Basalt med hard gray	170	215	
Basalt very hard gray	215	222	
Rock soft w/green clay			
seams W/B	222	250	
Rock soft blk W/B	250	257	
Basalt med hard fract			
gray W/B	257	273	
Rock fract blk W/B	273	280	160

Date started 10-14-92 Completed 10-28-92

(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.

WWC 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.

WWC Number 790
 Signed [Signature] Date 11-2-92