

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

WASC
2075

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2N/12E/1766

APR - 7 1993

(START CARD) # 48144

(1) OWNER:
 Name Forrest Evans
 Address 1450 Dry Creek Rd.
 City Mosier State Or. Zip 97040

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 455 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	20				
8	20	455	Cement	0	360	65 Bags

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	6	0	360	.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"/>
						<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
100		455	1 hr.

Temperature of water 64 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 2N Nor S. Range 12 E E or W. WM. _____
 Section 17 NW 1/4 NW 1/4
 Tax Lot 9600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Morganson Rd.
Mosier, Or. 97040

(10) STATIC WATER LEVEL:
380 ft. below land surface. Date 3-23-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found _____ 90

From	To	Estimated Flow Rate	SWL
90	115	12	81
215	235	20	73
428	440	100	380

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil Brown	0	1	
Sandstone Coarse Brn	1	30	
Claystone Brown	30	44	
SS Fine brn	44	67	
SS coarse brn	67	74	
Clay stone soft brn	74	90	
Basalt fract soft blkW/B	90	115	81
Basalt hard grey	115	215	
Basalt fract blk W/B	215	235	73
Rock hard blk	235	250	
Basalt hard grey	250	279	
Basalt hard blk	279	355	
Basalt med blk	355	376	
Basalt med blk	376	400	
Basalt hard blk	400	428	
Lignit W/B	428	440	
Basalt fract blk	440	455	380

Date started 2-10-93 Completed 3-23-93

(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 3-24-93