

STATE OF OREGON  
WATER WELL REPORT

RECEIVED

WASCO  
2091

2N/12E/7aa

(START CARD) 24388

(1) OWNER: Name W. E. Reeves Well Number WATER RES  
Address 1250 State Rd.  
City Mosier, State Or. Zip 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 576 ft.  
Explosives used  Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	18				
12	10	140	Cement	0	18	11 Bags
10	140	230				
10	230	283				

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: 10	+3	230	.250	<input checked="" 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"/>

Final location of sheets: \_\_\_\_\_

(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  Bailor  Air  Artesian  
Yield gal/min Est 100 Drawdown \_\_\_\_\_ Drill stem at 576 Time 1 hr.

Temperature of water \_\_\_\_\_ Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done  Yes  No By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Wasco Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 2N N or S Range 12 E E or W WM  
Section 7 NE NE  
Tax Lot 100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 1027 Root Rd.  
Mosier, Or.

(10) STATIC WATER LEVEL:  
333 ft. below land surface Date 12-20-90  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 424

From	To	Estimated Flow Rate	SWL
424	433	Est 100	333

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

Material	From	To	SWL
SS Coarse brn	130	145	
SS fine brn	145	188	
SS fine hard brn	188	224	
Basalt med hard	224	244	
Basalt hard grey	244	378	
Basalt soft blk w/green clay seams	378	400	
Basalt soft blk	400	418	
Basalt hard grey	418	424	
Basalt soft blk w/B	424	433	
Basalt very hard grey	433	474	
Basalt hard grey	474	506	
Basalt med blk	506	576	333

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JUN 28 1993

WATER RESOURCES DEPT  
SALEM OREGON

Date started 10-11-90 Completed 12-20-90

(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 \_\_\_\_\_

(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 790  
Date 12-28-90