

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

*Wase*  
*2162*

JUL 22 1994

*2N/12E/5cd*  
 53842

WATER RESOURCES DEPT. (START CARD) # 53842

**(1) OWNER:**

Name Albert E. Stevens  
 Address 1625 State Road  
 City Mosier, Oregon 97041 State Oregon Zip 97041

**(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 150 ft.  
 Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material cement	From	To	
12	0	27		0	27	14
8	27	150				

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
8 inch	+1	27	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>

Liner: none

Final location of shoe(s) 27 ft.

**(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**

Yield gal/min	Drawdown	Drill stem at	Time
115	20		1 hr.
115	20		7 days

Temperature of water 60 degrees Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done  No  Yes By whom \_\_\_\_\_  
 Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other to close to  
 Depth of strata: 16 to 19 ft. surface

**(9) LOCATION OF WELL by legal description:**

County Wasco Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 2 North Nor S. Range 12 East E or W. WM.  
 Section 5  $\frac{1}{4}$  SE  $\frac{1}{4}$  SW  $\frac{1}{4}$   
 Tax Lot 900 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 1625 State Road,  
Mosier, Oregon 97041

**(10) STATIC WATER LEVEL:**

18 ft. below land surface. Date 6/1/94  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
16	19	10	12
The above strata was cased & sealed off			
140	148	200	18

**(12) WELL LOG:**

Ground elevation \_\_\_\_\_

Material	From	To	SWL
dirt	0	16	
gravely round washed rock	16	19	12
sandstone W/clay tan soft	19	35	
sandstone brown hard	35	55	
hardpan black & brown hard	55	75	
sandstone brown firm	75	95	
basalt black verry hard	95	140	
broken basalt W/volcanic clay			
mixed colors red yellow & grey	140	148	18
basalt verry hard black	148	150	18

**RECEIVED**

**AUG 19 1994**

WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started February 23, 1994 Completed June 25, 1994

**(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 [Signature] WWC Number 571  
 Date 7/20/94

**(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 571  
 Date 7/20/94