

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

**RECEIVED**

JAN 12 1995

IN/13E/246  
 Page 1 of 3

3  
 WASC  
 2196

WATER RESOURCES DEPT. (START CARD) # 48016

(1) OWNER: Well Number \_\_\_\_\_

Name Sanifill  
 Address 2550 Steel Rd  
 City The Dalles State Or Zip 97058

(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 1046 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
12	0 220			
10 5/8	220 533			
8	533 1046	Cement	0 220	11 Cu. yds

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: 8	+2	538	.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 shoe(s) 538

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of Water 72 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 1N N or S. Range 13 E E or W. WM. \_\_\_\_\_  
 Section 24 NE 1/4 NW 1/4 \_\_\_\_\_  
 Tax Lot 2500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:  
780 ft. below land surface. Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 947

From	To	Estimated Flow Rate	SWL
947	1046		780

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

Material	From	To	SWL
Fill	0	4	
SS Fine Brn	4	16	
SS coarse brn	16	35	
Gravel med(broken rock)	35	44	
SS Fine brn	44	49	
Clay Brn	49	55	
Coarse Brn	55	60	
SS Fine hard brn	60	89	
Gravel med, Multi Colored	89	92	
SS Coarse blk	92	99	
Gravel med	99	110	
SS Coarse brn	110	161	
SS Coarse hardbrn	161	168	
SS Fine blk	168	269	
Sand Stone hard Fine Brn	269	280	
SS Fine hard brn	280	360	
SS Fine hard pink	360	420	
Basalt soft blk	420	435	
SS Coarse Multi Color har	435	460	
Clay stone hard grey	460	488	
Sandstone brn	488	521	

Continued page 2

Date started 9-8-94 Completed \_\_\_\_\_

(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 [Signature] WWC Number 790  
 Date 1-9-95

STATE OF OREGON  
**WATER WELL REPORT**  
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WATER RESOURCES DEPT.  
 SALEM, OREGON (START CARD) # 48016

(1) OWNER: Well Number \_\_\_\_\_  
 Name Sanifill  
 Address 2550 Steel Rd  
 City The Dalles State Or. Zip 97058

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

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds

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
				<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"/>

Final location of shoe(s) \_\_\_\_\_

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of Water \_\_\_\_\_ 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 \_\_\_\_\_ N or S. Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
 Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

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

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

From	To	Estimated Flow Rate	SWL

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

Material	From	To	SWL
SS with clay brn	521	535	
Basalt hard grey	535	541	
Rock fract	541	560	
Claystone grey	560	568	
rock	568	586	
Rock W/clay seams	586	590	
Claystone hard grey	590	607	
Basalt hard grey	607	618	
Basalt soft blk	618	622	
SS Coarse hard brn	622	624	
Basalt hard bract blk	624	635	
Basalt hard green clay			
seams grey	635	649	
Basalt hard blk	649	658	
Rock soft multi color	658	667	
Basalt hard grey	667	730	
SS or clay soft brn	730	733	
Rock fract (broken) Brn	733	740	
Basalt hard green clay			
seams	740	760	
Basalt hard grey	760	876	
Basalt hard greygreen clay			

Date started \_\_\_\_\_ Completed \_\_\_\_\_

(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.

WVC 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.

WVC Number \_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_



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WATER RESOURCES DEPT.  
SALEM, OREGON

AUSTIN WELL DRILLING  
3393 SANDLIN RD.  
THE DALLES, OR. 97058

WATER RESOURCES DEPT.  
3850 PORTLAND RD. NE  
SALEM, OR. 97310  
JAN. 11, 1995

The Work on this well has not been completed but the people at Sanifill want a well log set in so here it is. At this time a test pump is in the well but it has not yet been tested. After the test if we have enough water they want a liner installed. At this time I will send you another well log.

THANK YOU



CHARLES AUSTIN  
AUSTIN WELL DRILLING