

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

WASC  
 2216

**RECEIVED**

JUL - 7 1995

2N/12E/21A

WATER RESOURCES DEPT. (START CARD) # 48023

3

SALEM, OREGON

**(1) OWNER:**  
 Name Joseph B Hines  
 Address 14783 Henrici Rd. South  
 City Oregon City State Or. Zip 97045  
 Well Number: \_\_\_\_\_

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

County Wasco Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 2N N or S. Range 12 E E or W. WM. \_\_\_\_\_  
 Section 21 NE 1/4 SW 1/4  
 Tax Lot 11603 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Osborne Cutoff Mosier, Or.

**(2) TYPE OF WORK:**  
 New Well  Deepen  Recondition  Abandon

**(10) STATIC WATER LEVEL:**  
 \_\_\_\_\_ ft. below land surface. Date 6-30-95  
 Artesian pressure 0 lb. per square inch. Date 6-30-95

**(3) DRILL METHOD**  
 Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found \_\_\_\_\_ 104

**(4) PROPOSED USE:**  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
104	115	15	0

**(5) BORE HOLE CONSTRUCTION:**  
 Special Construction approval Yes  No  Depth of Completed Well 115 ft.  
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

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

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
10	0 101	Cement	0 101	30 Bags
6	101 115	W/ 5% Bentonite 2% Calcium		

Material	From	To	SWL
Clay hard brn	0	5	
Basalt broken brn	5	38	
SS Coarse brn	38	49	
Clay stone soft brn	49	91	
Clay Stone hard brn	91	94	
SS Hard brn	94	104	
Basalt broken blk W/B	104	115	0

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:	6	+2	101	.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) 101 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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
15		115	1 hr.

2 1/2 Flowing Artesian

Date started 6-25-95 Completed 6-30-95

Temperature of water 50 Depth Artesian Flow Found 104  
 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: \_\_\_\_\_

**(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 7-2-95

For Official Use Only by The Oregon Water Resources Department:

RECEIVED  
Received Date:

FEB 20 2004

Count: Well Log ID #

WASC 2216

Well Identification Tag =

W-69963

WATER RESOURCES DEPT.  
SALEM, OREGON

**WELL IDENTIFICATION APPLICATION FORM**

INSTRUCTIONS ARE IN THE ACCOMPANYING "DEAR LANDOWNER" LETTER. FOR SHARED WELLS PLEASE SEE THE 3RD PARAGRAPH FROM THE TOP IN THE LETTER. Your ID Tag will be mailed out in approximately 10 days from the date we receive your application.)

**\*\*BUYER OR CURRENT LANDOWNER** (For the property that the well is located on. The Well ID tag will be sent to this address unless otherwise specified here.)

Landowner's or Buyer's Name: Joe Hines  
Mailing Address: 2600 Osburn Cut-off  
City: Mosier State: OR Zip: 97040 Phone: (541) 298-8244

**\*\*WELL LOCATION:**

County: Wasco Well # 1 (if multiple wells exist on same property-ie well #1, #2, etc.)  
Township: 2N (North or South, circle one) Range: 12E (East or West, circle one) Section: 21 NE SW 1/4 (If known)  
Tax Lot #: 11603 Type of Well: water supply? domestic monitoring? N/A  
(Not the same as the tax acct. #) (Ex: domestic or irrigation use) AND (Ex: monitoring water for contaminants)  
Address of Well: 2600 Osburn Cut-off Rd Mosier OR 97040  
(Number) (Street) (City) Permit G13501 (Zip)

(Optional): Does this well have a formal water right associated with it? Yes: G 14641 No: \_\_\_\_\_  
(If unknown you may want to contact the Water Rights Group at 503-986-0945 for research)

If Yes: Application #: G 14641 Permit #: G 13501 Certificate #: \_\_\_\_\_

(Optional): Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ (May sometimes be obtained from Well Log Report.)

**\*\*WELL INFORMATION:**

(Important note: If attaching a well log you obtained from our web-site please be certain that you have the correct log. Simply matching the tax lot number isn't enough. See attached instructions for assistance. If a well report is not available please complete as much of the following as possible, at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowner names can be obtained from the County Assessor - see instructions.)

Start Card # from well log report if known: 48023 Approx. Well Construction Date: 6-25 to 6-30-95

Well Constructor if known: Charlie Austin

Name of Land Owner at Time of Construction (or prior landowners, going back in time to when well was constructed - contact your county assessor for list)

Joseph B. & Jodi M. Hines

Well Depth (in feet): 115 Static Water Level (in feet): Artesian Diameter of Exposed Well Casing (in inches): 6"

Please Return Completed Form to: Well ID Program, Oregon Water Resources Department  
725 Summer St. NE, Suite A, Salem, OR 97301-1271, or fax to 503-986-0902 (Applic-23)

L-69963