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WASCO
002502

1W/13E-10bb
deep.

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

APR 11 1988

(1) OWNER: WATER RESOURCES DEPT.
Name City of The Dalles SALEM, OREGON
Address 313 Court Street
City The Dalles State OR Zip 98058

(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 de-watering

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 241.5 ft.
Yes No
Explosives used Type Amount

Diameter	HOLE		SEAL		Amount sacks or pounds
	From	To	Material	From To	
8"	-	227			
6"	227	241.5			

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:	NA				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	NA				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method
 Screens Type Johnson Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
135	147	0	-	7 1/2	8	<input type="checkbox"/>	<input type="checkbox"/>
147	167	006	-	7 1/2	8	<input type="checkbox"/>	<input type="checkbox"/>
167	175	0	-	7 1/2	8	<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
90 gpm 40' 220 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 1 N or S, Range 13 N or W, WM.
Section 10 NW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 720 E. Scenic Drive
The Dalles, OR 97058

(10) STATIC WATER LEVEL:
110 ft. below land surface. Date 03-31-88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 220'

From	To	Estimated Flow Rate	SWL
220	237	80 gpm	110

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brownish-black weathered basalt W.B.....	187	220	110
Black basalt, weathered, and green claystone W.B.	220	237	11
Black basalt, slightly weathered, med. hard.....	237	241.5	11

Date started 02-12-88 Completed 03-31-88

(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 Charles J. Moore WWC Number 731 Date 03-31-88

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02AW

No 0306

MAR 30 1988

WATER RESOURCES DEPT.
SALEM, OREGON

"START CARD"

NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address The City of The Dalles
313 Court St.

The Dalles, Or

Proposed Commencement Date 3-23-88

Proposed Well Depth rework 3 deep Diameter 8" - 6" Well # 1

- Domestic
- Thermal
- Community
- Injection
- Industrial
- Other de watering
- Irrigation

Proposed Well Location: County _____

Township NE (N or S) Range NW (E or W) Section 10

- At least 2 of these must be provided
1. NE 1/4 of NW 1/4 of above section
 2. street address of well location _____
 3. tax lot number of well location _____

attach approved map with location identified.
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

x [Signature] SHANNON & WILSON, INC. Owner's Signature
x [Signature] Bonded Water Well Constructor

For The City of The Dalles License No. 731
Title
2/2/88 Date Company M-K Drilling Co.

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.

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