

MAR 6 1989

WVASC

20/38/2066
Start Card # 0851

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

WATER RESOURCES DEPT 003243
SALEM, OREGON

(1) OWNER: Well Number: _____
Name Floyd Marsh
Address P. O. Box 2
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:
Local Construction approval Yes No _____ Depth of Completed Well 408 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	20				
8"	20	408	Bentonite	0	20	10 Bags

How was seal placed: Method A B C D E
 Other Dry Bentonite
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"	+1	22	.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) No

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 470 Drawdown _____ Drill stem at 400 Time 1 hr.

Temperature of water 64 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 2N N or S, Range 13 E E or W, WM.
Section 20 NW 1/4 NW 1/4
Tax Lot 1190 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
Chenowith, Behind Foley Lakes

(10) STATIC WATER LEVEL:
234 ft. below land surface. Date 2-14-89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 387

From	To	Estimated Flow Rate	SWL
387	408	470	234

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil	0	1	
Boulders	1	4	
Basalt hard Brw	4	15	
Basalt hard Gray	15	39	
Basalt med fract blk	39	50	
Basalt hard fract gray	50	68	
Basalt med fract gray	68	70	
Basalt hard gray	70	82	
Basalt soft blk	82	98	
Basalt med blk	98	112	
Basalt hard gray	112	125	
Basalt soft blk	125	136	
Basalt hard gray	136	170	
Basalt hard gray (Very hard)	170	189	
Basalt hard gray	189	234	
Basalt broken blk fract	234	249	
Basalt very hard gray	249	255	
Cinders Red	255	268	
Rock hard ^a	268	270	
Rock Vol. soft blk	270	279	
Basalt hard blk	279	302	
Basalt broken blk	302	310	
Basalt hard fract gray	310	350	

Date started 11-29-88 Completed 2-14-89

(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 3-3-89

