

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.785)

WASC **WASC 3354**
 AMENDED

JAN 21 1990

2N/4E/32cc

(START CARD) # 0319

(1) OWNER: Well Number: _____
 Name Gene T. Byers
 Address 3693 Fifteen Mile Road
 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 318 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	20	Bentonite	0	20	40 sacks
10"	20	41	Cement grout	pressure	grouted	35 sacks
8"	41	317				

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Casing: 8"	+1	41	.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) 41 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
 Pump Bailer Air Flowing
 Artesian
 Yield gal/min 175 Drawdown 62' Drill stem at _____ Time 1 hr.

Temperature of water 58° 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 14 E E or W, WM.
 Section 32 SW ¼ SW ¼
 Tax Lot 300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 5-5-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 280 ft

From	To	Estimated Flow Rate	SWL
280	295	100 GPM	28
295	310	200 GPM	28

(12) WELL LOG: Ground elevation 200 ft.

Material	From	To	SWL
Soil, black	0	6	
Sand & gravel	6	25	
River rock, rounded	25	35	
Silt, brown muddy	35	36	
Rock, grey	36	52	
Rock, broken grey	52	64	
Rock, grey	64	74	
Rock, brown porous	74	110	
Rock, red porous	110	118	
Rock, grey porous	118	140	
Rock, grey/quartz	140	151	
Rock, black porous	151	162	
Rock, brown w/seams	162	176	
Rock, grey/seams	176	185	
Rock, grey hard	185	280	
Rock, grey porous WB	280	310	28
Rock, grey hard	310	317	28

RECEIVED
 MAY 15 1989
 WATER RESOURCES DEPT

Date started Feb. 23, 1989 Completed April 12, 1989

(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.
 WWC 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.
 WWC Number 569
 Signed Silbert Chappin Date 1-19-90

