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

MAR 10 1987

(1) OWNER:

Name Ralph Taylor
Address 927 Indian Creek Road
City Hood River State OR Zip 97031

Owner's Well ID No. WATER RESOURCES DEPT. SALEM, OREGON

(2) LOCATION OF WELL by legal description:

County Wasco Latitude _____ Longitude _____
Township 1 S N or S, Range 13 E E or W, WM.
Section 8 NW ¼ SE ¼
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3500 Jap Hollow Rd. The Dalles, Oregon 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:

Depth of Completed Well 403 ft.
Special Standards date of approval _____

HOLE Diameter	From		SEAL Material	To		Amount sacks or pounds
	From	To		From	To	
10"	0	22	Cement	0	22	5 sacks
8"	22	320	"	0	320	34 sacks

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:

Casing	Diameter	From		To	Gauge	Steel	Plastic	Welded	Threaded
		From	To						
8"		1	22	22	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"		1	320	250		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) 22 ft - 320 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian
Yield gal/min 134 Pumping level freeflow Drill stem at Time 1 hr

Temperature of water 68° Depth Artesian Flow Found 330
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: 185 ft.

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure 65 lb. per square inch. Date 2-16-87

(11) WELL LOG:

Material	From	To	WB?	SWL
Sand/tree roots	0	4		
Boulders & Sand	4	12		
Sand & Gravel	12	15		
Sandstone, grey	15	24		
Sandstone, brown	24	39		
Sandstone, Grey	39	54		
Sandstone, redish bro	54	169		
Sandstone, dark brown	169	205	WB	170
Sandstone, grey rocky	205	239		
Sandstone, grey	239	274		
Sandstone, brown	274	294		
Sandstone, grey rocky	294	315		
Basalt, grey hard	315	330		
Basalt, black porous	330	398	WB	flowing
Basalt, black broken	398	402		
Flange on 6" casing				
6" Flanged T				
6" Gate Valve				
Pressure Gauge				

Date started Dec. 22, 1986 Completed Feb. 16, 1987

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed Gilbert Clayton Date March 6, 1987

Gilbert Clayton Well Drilling Company Co. Job No. _____