

WASC

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

003562

OCT 17 1988

Start card 6514

(1) OWNER: Well Number: _____
Name Oregon Dept. of Fish & Wildlife
Address Rt. 1, Box 28
City Tygh Valley State OR Zip 97063

(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
Yes No Depth of Completed Well 750 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
10"	0 68	Cement	0 68	16 sacks
6"	68 750			

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"	71	68	.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) _____

(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	Drawdown	Drill stem at	Time
<u>23</u>		<u>750</u>	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 4S N or S, Range 12E E or W, WM.
Section 7 NE 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Rt. 1, Box 28
Tygh Valley, OR 97063

(10) STATIC WATER LEVEL:
370 ft. below land surface. Date 9-21-88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 373

From	To	Estimated Flow Rate	SWL
<u>373</u>	<u>394</u>	<u>3</u>	
<u>608</u>	<u>647</u>	<u>8</u>	
<u>664</u>	<u>750</u>	<u>12</u>	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Clay soil	0	6	
Brown clay	6	27	
Red basalt	27	36	
Soft brown basalt	36	64	
Hard red basalt	64	85	
Gray basalt	85	241	
Soft red basalt	241	264	
Gray basalt	264	336	
Gray basalt with yellow soapstone	336	343	
Gray basalt	343	373	
Soft brown basalt	373	394	WB
Gray basalt	394	451	
Soft brown basalt	451	608	
Soft dark brown basalt	608	647	WB
Gray basalt	647	664	
Soft red & brown basalt	664	750	WB

Date started 9-19-88 Completed 9-21-88

(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 _____ Date _____ WWC Number _____

(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 Patrick C. Wallace Date 10-7-88 WWC Number 1218