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JAN 4 1995

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form

WATER RESOURCES DEPT.
SALEM, OREGON

WELL ID # _____
(START CARD) # **52343**

(1) OWNER: Well Number: _____
Name **JAMES REED**
Address **836 CARROLL RD.**
City **MOSIER** State **OR** Zip **97040**

(2) TYPE OF WORK:
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well **596** ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL Amount
Diameter From To Material From To sacks or pounds

Diameter	From	To	Material	From	To	Amount
14"	0	56				
10"	56	560	CEMENT	0	56	65 SACKS
8"	560	596				

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: 10"	+2	56	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	+2.5	560	.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) **FLOATE SHOE AT 560**

(7) PERFORATIONS/SCREENS:

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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
150 **0** _____ **1 hr.**

Temperature of Water **56** Depth Artesian Flow found **563**
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 **11E** E or W. of WM.
Section **12** **SE** $\frac{1}{4}$ **NE** $\frac{1}{4}$
Tax Lot **801** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
SAME

(10) STATIC WATER LEVEL:
0 ft. below land surface. Date _____
Artesian pressure **21** lb. per square inch. Date **12/27/95**

(11) WATER BEARING ZONES:
Depth at which water was first found **563**

From	To	Estimated Flow Rate	SWL
563	592	150	0

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
6" CASING WITH A FLOATE SHOE SET TO 560 FILLED WITH 8 YRDS GROUT BACK TO 50' FROM LAND SURFACE, FROM 526 TO 563 WATER FLOW INCREASED TO 300 GPM, TEMP. 54 DEGREES, WITH SHUT IN PRESSURE 16 LBS., AND FROM 563 TO 593 WATER FLOW INCREASED TO 400 + GPM, TEMP 56, SHUT IN PRESSURE 21 LBS			
SOIL BROWN	0	4	
SANDSTONE BROWN COARSE	4	21	
GRAVEL BOULDERS	21	56	
GRAVEL MED CEMENTED HARD	56	66	
SANDSTONE MED BROWN	66	70	
GRAVEL & CLAY HARD BROWN	70	90	
ROCK BROKEN BLACK /CLAY	90	104	
ROCK SOFT BROKEN BLACK	104	110	
BASALT MED FRACT BLACK	110	125	
BASALT HARD GREY	125	130	
BASALT VERY HARD GREY	130	147	
BASALT MED. HARD GREY	147	152	
BASALT HARD GREY	152	170	
BASALT BROKEN HARD GREY	170	178	
BASALT HARD GREY	178	196	
BASALT FRACT SOFT GREEN	196	204	
BASALT HARD	204	280	
ROCK W/GREEN CLAY	280	300	

Continued on next page
Date started **10/4/95** Completed **12/27/95**

(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 water supply 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed *Austin Well Drilling* WWC Number **790**
Date **12/30/95**

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(3) DRILL METHOD: Rotary Air Rotary Mud Cable Auger Other

(4) PROPOSED USE: Domestic Community Industrial Irrigation Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval Depth of Completed Well Explosives used HOLE SEAL Diameter From To Material From To Amount sacks or pounds How was seal placed: Method A B C D E 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: Liner: Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Perforations Screens Method Type Material From To Slot size Number Diameter size Casing Liner

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

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 Latitude Longitude Township 2N N or S. Range 11E E or W. of WM. Section 12 1/4 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL: ft. below land surface. Date Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground elevation Table with columns: Material, From, To, SWL. Log entries include: CLAY STONE GREEN, ROCK SOFT BLACK, ROCK FRACT SOFT BLACK, BASALT HARD GREY, BASALT SOFT BLACK W/B 120 GPM, BASALT MED BLACK, BASALT HARD FRACT GREY, BASALT VERY HARD GREY, BASALT HARD FRACT GREY, BASALT VERY HARD GREY, BASALT HARD BLACK, See next line, BASALT FRACT MED GREEN CLAY SEAMS (LIGNITE) W/B, BASALT SOFT BLACK, BASALT HARD GREY, BASALT FRACT W/GREY CLAY, BASALT FRACT TO BROKEN BLACK W/B, BASALT BROKEN W/CLAY GREEN, BASALT HARD GREY

(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 water supply 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 water supply well construction standards. This report is true to the best of my knowledge and belief. WWC Number 790 Signed Austin Well Drilling Date