

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

JUN 27 1995

WPEC
 50250

SALEM, OREGON

(START CARD) # 48010

(1) OWNER: Well Number _____

Name Hugo Oswald
 Address 1600 Mosier Rd.
 City Mosier State Or Zip 97040

(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 315 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount		
Diameter	From	To	Material	From	To	facts or pounds
14	0	20	Cement	0	20	33 Bags
10	20	273				4.5 yds
8	273	315	to seal 6" Casing			

How was seal placed: Method A B C D E
 Other Cement Grout to seal 6" Casing

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	0	20	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	+2	273		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s): None

(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"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min _____ Drawdown _____ Drill stem at _____ 24 gpm Time _____

190			1 hr.

Temperature of Water 65 Depth Artesian Flow Found 153
 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. WM. _____
 Section 13 NE NW SW _____
 Tax Lot 3100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1600 Mosier Rd.
Mosier, Or.

(10) STATIC WATER LEVEL:
 Over top ft. below land surface. Date 8-3-94
 Artesian pressure 32 lb. per square inch. Date 5-1-94

(11) WATER BEARING ZONES:
 Depth at which water was first found 14

From	To	Estimated Flow Rate	SWL
3	14	1	4

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil Brown	0	3	
Boulders W/B	3	14	4
Basalt soft blk	14	25	
Basalt broken brn W/B	25	28	6
Basalt hard grey	28	41	
Basalt med green	41	43	
Rock soft blk W/green			
clay seams 100 GPM	43	64	8 1/2
Clay stone green	64	74	
Rock fract W/green clay			
W/B 50 GPM	74	100	3 1/2
Basalt fract W/Clay grey			
(ash)	100	107	
Basalt hard blk (grey)	100	112	
Basalt broken blk W/B			
100 GPM	112	120	21
Basalt hard broken grey	120	124	
Basalt hard grey	124	129	
Clay green	129	130	
Rock broken blk	130	133	
Clay stone	133	138	
Rock soft blk	138	147	

Date started 2-3-94 Completed 5-1-94

(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.

WVC 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.

WVC Number 790
 Signed: _____ Date 6-7-94

STATE OF OREGON
WATER WELL REPORT
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JUN 27 1995 Page 2 of 2

(START CARD) # DEPT 48010
 SALEM, OREGON

(1) OWNER: Well Number _____

Name Hugo Oswald
 Address 1600 Mosier Cr. Rd.
 City Mosier State Or. Zip 97040

(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 _____ ft.
 Explosives used Yes No Type _____ Amount _____

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

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	Material			
				Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdowns	Drill stem at	Time
			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 _____ N. or S. Range _____ E or W. WM. _____
 Section _____ 4 _____ 16 _____
 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 _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
VOID	147	148	
Basalt hard	148	150	
Clay stone	150	152	
Rock broken blk	152	153	
Basalt hard (165 ft. 15 GPM 59° flowing over the top)	153	172	
Rock broken grey	172	174	
Basalt broken grey w/ green clay seams (100 GPM over the top)	174	187	
Basalt hard grey	187	216	
Basalt broken w/green clay	216	221	
Basalt hard grey	221	253	
Basalt med grey	253	268	
Basalt hard grey	268	283	
Basalt fract. grey	283	323	
283 to 315 Flowing 24 GPM			

Date started _____ Completed _____

(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 _____ WWC Number _____
 Date 6/27/94