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MAY - 1 1997

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

WATER RESOURCES DEPT.

(START CARD) # W75289

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
Name Randy Delco

Address 56217 Merrell Road
City Maupin State OR Zip 97037

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

| HOLE | | | SEAL | | | |
|----------|------|------|-----------|------|-----|-----------------|
| Diameter | From | To | Material | From | To | Sacks or pounds |
| 12" | top | 25' | Bentonite | top | 25' | 24 sack |
| 8" | 25' | 250' | | | | |
| 10" | 250 | 259 | cement | 250 | 259 | 6 sacks |
| 8" | 259 | 510 | | | | |

How was seal placed: Method A B C D E
 Other Bentonite dry
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: 8" | top | 259 | 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) 259'

(7) PERFORATIONS/SCREENS: N/A

| From | To | Slot size | Number | Diameter | Tele/plpe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 300 Drawdown 100% Drill stem at 505' 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 4S N or S Range 13E E or W. WM. _____
Section 23 SW 1/4 SW 1/4 _____
Tax Lot 9500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

56217 Merrell Rd. Maupin OR 97063

(10) STATIC WATER LEVEL:
300' ft. below land surface. Date 04-08-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 320'

| From | To | Estimated Flow Rate | SWL |
|-------------|-------------|---------------------|------------|
| <u>320'</u> | <u>510'</u> | <u>300</u> | <u>300</u> |
| | | | |
| | | | |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|--------------------------|------|-----|------|
| Top Soil..... | 0' | 3' | |
| Grey Cinder Rock, Hard | 3 | 24 | |
| Red & Gray Cinders..... | 24 | 60 | |
| Gray Basalt, Med.Hard | 60 | 102 | |
| Br. Basalt & Red Cinders | 102 | 108 | |
| Sandstone..... | 108 | 120 | |
| Brown Basalt, Med.Hard.. | 120 | 146 | |
| Gray Basalt, Hard..... | 146 | 155 | |
| Red & Gray Cinders..... | 155 | 160 | |
| Gray Basalt, Med. Hard | 160 | 170 | |
| Br. Basalt & Red Cinders | 170 | 180 | |
| Gray Basalt, Med. Hard | 180 | 192 | |
| Red & Gray Cinders..... | 192 | 204 | |
| Gray Basalt, Med.Hard... | 204 | 235 | 300' |
| Red& Gray Cinders..... | 235 | 255 | 300' |
| Red&Gray Cinders, Med.. | 255 | 320 | 300' |
| Sandstone & Agate W.B. | 320 | 352 | 300' |
| Brown Basalt, Med. W.B. | 352 | 370 | 300' |
| River Gravel, Cemented, | | | |
| WATER BEARING..... | 370 | 390 | 300' |

Date started 03-24-97 Completed 04-08-97

(unbonded) Water Well Constructor Certification: **WELL LOG CONT.**

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 the best of my knowledge and belief.

Signed Harold Meador WWC Number 1256 Date 04-11-97

(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 Charles S Moore WWC Number 0731 Date 04-11-97

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

MAY - 1 1997

L 12096 WELL ID#

(START CARD) # **W75289**

Instructions for completing this report are on the last page of this form
SALEM, OREGON

(1) OWNER: Well Number _____
Name **Randy Delco**
Address **56217 Merrell Road**
City **Maupin** State **OR** Zip **97037**

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

| HOLE | | | SEAL | | | Sacks or pounds |
|----------|------|----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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: | | | | <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"/> |
| 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"/> |

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Material | 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

| <input type="checkbox"/> Pump | <input type="checkbox"/> Bailer | <input type="checkbox"/> Air | <input type="checkbox"/> Flowing Artesian |
|-------------------------------|---------------------------------|------------------------------|---|
| Yield gal/min | Drawdown | 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 **4S** N or S Range **13E** E or W. WM.
 Section **23** **SW** 1/4 **SW** 1/4
 Tax Lo **9500** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

56217 Merrell Road Maupin OR 97063

(10) STATIC WATER LEVEL:
300' ft. below land surface. Date **04-08-97**
 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 |
|---|-------------|-------------|-------------|
| Gray Basalt, Hard..... | 390' | 430' | 300' |
| River Gravel & Brown Basalt, | | | |
| Water Bearing..... | 430 | 462 | 300' |
| Sandstone, Water Bearing | 462 | 484 | 300' |
| Brown Basalt, Med., | | | |
| Water Bearing..... | 484 | 510 | 300' |
| | | | |
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| | | | |

Date started **03-24-97** Completed **04-08-97**

(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 the best of my knowledge and belief.

Signed KEM. WWC Number **1246**
Date **04-11-97**

(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 CLM WWC Number **0731**
Date **04-11-97**