

MAY - 5 1997

WELL ID # L14022-14023

STATE OF OREGON
WATER SUPPLY WELL REPORT *WASC 50272*

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 52315

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

(1) OWNER: Well Number: 1

Name Jerry Phetteplace
 Address 1013 W. 6th St.
 City The Dalles, Or. State OR Zip 97058

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

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
6"	453	580	See next line			None	
			Did Not Distrub				

How was seal placed: Method A B C D E
 Other Did Not Disturb

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"/>
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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100		580	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 1N N or S. Range 13E E or W. of WM.
 Section 27 NW $\frac{1}{4}$ NW $\frac{1}{4}$
 Tax Lot 600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address)
Off Three Mile Rd., The Dalles, Or.

(10) STATIC WATER LEVEL:
435 ft. below land surface. Date 4/28/97
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 453

From	To	Estimated Flow Rate	SWL
453	580	100	435

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Basalt Med. Gray W/B	453	470	
Basalt Hard Gray W/B	470	540	
Basalt Broken Black W/B	540	580	435

Date started 4/25/97 Completed 4/28/97

(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 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 [Signature] WWC Number 790
 Date 4-30-97
 Austin Well Drilling