

(START CARD) # 52315

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

Well Number: 1

City	The Dalles, Or.	State	OR	Zip	97058
------	-----------------	-------	----	-----	-------

☐ New Well ☒ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

☐ Other

☒ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount
iameter	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
--------------------	--------	-----	----------------

	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"/>
					<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)

<input type="checkbox"/> Perforations	Method	_____
<input type="checkbox"/> 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"/>

☐ 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:

Off Three Mile Rd., The Dalles, Or.

435 ft. below land surface. Date 4/28/97

Artesian pressure _____ lb. per square inch. Date _____

Depth at which water was first found 453

From	To	Estimated Flow Rate	SWL
453	580	100	435

Ground elevation

[illegible]

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 Chad D. Cant WWC Number 790
Date 4-30-97

Austin Well Drilling