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STATE OF OREGON
WATER SUPPLY WELL REPORT *WASC*
(as required by ORS 537.765) *50273*
Instructions for completing this report are on the last page of this form

WATER RESOURCES DEPT.
SALEM, OREGON

WELL ID # **LO7088**
(START CARD) # **52357**

(1) OWNER: Well Number: _____
Name **Charles R. Gove**
Address **1300 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 **344** ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Amount |
|----------|------|-----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | sacks or pounds |
| 14" | 0 | 81 | Cement | 0 | 81 | 70 Bags |
| 10" | 81 | 275 | | | | |
| 8" | 275 | 344 | | | | |

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" | 0 | 81 | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8" | 275 | 306 | .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) **306 ft.**

(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 _____
400 _____ **340** **1 hr.**

Temperature of Water **61** 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 **2N** N or S. Range **12E** E or W. of WM.
Section **7** NW $\frac{1}{4}$ SW $\frac{1}{4}$
Tax Lot **1700** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address)
1300 Carroll Rd., Mosier, Or. 97040

(10) STATIC WATER LEVEL:
46 ft. below land surface. Date **3/21/97**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **65**

| From | To | Estimated Flow Rate | SWL |
|------------|------------|---------------------|-----------|
| 65 | 71 | 50 | 43 |
| 134 | 137 | 15 | |
| 296 | 340 | 400 | 46 |

(12) WELL LOG: Ground elevation _____

| Material | From | To | SWL |
|---|------|-----|-----|
| 10" Casing sealed to 81 ft., 70 Bags cement in seal. | | | |
| 306 ft. 8" casing Drill and Drive from 275 to 306 | | | |
| Soil Sandy Brown | 0 | 15 | |
| Sand & Clay Brown | 15 | 25 | |
| Clay Gray | 25 | 60 | |
| Rock Soft Black | 60 | 65 | |
| Gravel Black Medium W/B | 65 | 71 | |
| Gravel Large Black | 71 | 74 | |
| Sandstone Coarse Hard Brown | 74 | 81 | |
| Basalt Hard Gray | 81 | 109 | |
| Basalt Med. Fract. Gray | 109 | 134 | |
| See next line | 134 | 137 | |
| Basalt Broken W/Green Clay Seam, Gray W/B 15 gpm | | | |
| Basalt Hard Fract. Gray | 137 | 160 | |
| Basalt Hard Gray | 160 | 214 | |
| Basalt Med Fract. Gray | 214 | 244 | |
| Clay Stone Green | 244 | 284 | |
| Clay Gray | 284 | 296 | |
| Gravel Med. Multi Color W/B | 296 | 340 | |
| Basalt Med. Hard Black | 340 | 344 | 46 |

Date started **2/20/97** Completed **3/21/97**

(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 *Austin Well Drilling* WWC Number **790**
Date **5-1-97**