

WASC
50275

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL ID# **L14023**
(START CARD)# **52312**

(1) OWNER: Well Number: _____
Name **JERRY PHETTEPLACE**
Address **1013 W 6TH ST.**
City **THE DALLES** 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 **285** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
12"	0	22	CEMENT	0	22	8 BAGS	
8"	22	285					

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: 8"	+1	26	.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) **NONE**

(7) PERFORATIONS/SCREENS:

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 **50** Drawdown **285** Drill stem at **1 hr.** Time

Temperature of Water **63** 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:
187 ft. below land surface. Date **5/3/97**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **278**

From	To	Estimated Flow Rate	SWL
278	285	50	187

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
SOIL BLACK	0	4	
SOIL & CLAY BLACK	4	7	
SANDSTONE FINE HARD BROWN	7	35	
ROCK	35	46	
SANDSTONE COARSE HARD BROWN	46	70	
SANDSTONE FINE BROWN	70	96	
SANDSTONE COARSE BROWN	96	150	
CLAY STONE HARD BROWN	150	161	
SANDSTONE COARSE BROWN	161	170	
SANDSTONE FINE BROWN	170	183	
SANDSTONE COARSE HARD BROWN	183	202	
BASALT BROKEN BLACK	202	228	
CLAYSTONE HARD BROWN	228	240	
SANDSTONE FINE HARD BROWN	240	260	
CLAYSTONE HARD BROWN	260	275	
SANDSTONE FINE HARD BROWN	275	278	
BASALT FRACT. HARD BLACK WB	278	285	187

Date started **4/30/97** Completed **5/3/97**

(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* WWC Number **790** Date **5-20-97**