

WASC
50274

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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 # L14026

(START CARD) # 52314

(1) OWNER: Well Number: _____
Name SCOTT LUNCEFORD
Address 1004 H 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 456 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12"	0	20	CEMENT	0	20	6 BAGS
8"	20	456				

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	19	.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 Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
40 _____ 456 _____ 1 hr.

Temperature of Water 67 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 WASC Latitude _____ Longitude _____
Township 1N N or S. Range 13E E or W. of WM.
Section 27 NW 1/4 NW 1/4
Tax Lot 600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address)
3153 THREE MILE RD., THE DALLES, OR. 97058

(10) STATIC WATER LEVEL:
380 ft. below land surface. Date 5/10/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 396

From	To	Estimated Flow Rate	SWL
396	414	40	380

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Well may need lined			
SOIL BLACK	0	2	
SANDSTONE HARD COARSE BROWN	2	20	
SANDSTONE HARD FINE BROWN	20	40	
SANDSTONE COARSE	40	45	
SANDSTONE FINE HARD BROWN	45	85	
SANSTONE SOFT FINE BROWN	85	107	
SANDSTONE FINE HARD BROWN	107	180	
SANDSTONE COARSE HARD BROWN	180	205	
ROCK SOFT BLACK	205	216	
CLAY STONE HARD GREEN	216	230	
BASALT HARD FRACT. GRAY	230	250	
ROCK MED. BLACK	250	266	
SS COARSE HARD MULTI COLOR	266	270	
CLAY STONE SOFT BROWN	270	296	
BASALT FRACT. HARD BLACK	296	307	
BASALT HARD GRAY	307	350	
BASALT BROKEN GRAY	350	356	
BASALT HARD GRAY	356	382	
SANDSTONE COARSE MULTI COLOR	382	385	
CLAY SOFT BROWN	385	396	
ROCK BROKEN BROWN W/B	396	414	
BASALT HARD GRAY	414	434	
BASALT FRACT. BROWN	434	456	380

Date started 5/5/97 Completed 5/10/97

(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 5-20-97