WASC 50313

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JUL 18 1997
WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D.# ~~Lp7815~~

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.

(START CARD) # 74131

(1) OWNER: Well Number _____
Name William H Ferres
Address 5125 Fifteen Mile Creek Rd.
City The Dalles State Oregon Zip 97058

(2) TYPE OF WORK
[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger
[ ] Other _____

(4) PROPOSED USE:
[X] Domestic [ ] Community [ ] Industrial [X] Irrigation
[ ] Thermal [ ] Injection [ ] Livestock [ ] Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval [ ] Yes [X] No Depth of Completed Well 230 ft.
Explosives used [ ] Yes [X] No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
12	0	26	Cement	20	26	20
			Bentonite	0	20	11
8	26	230				

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[ ] Other Pumped & Rodded
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	+3	26	250	X		X	
Liner:								

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
[ ] Perforations Method _____
[ ] Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
300+	?	230	4 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 2N N or S Range 15E E or W. WM.
Section 32 SW 1/4 NW 1/4
Tax Lot 1900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
same as above

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 16 July
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 190

From	To	Estimated Flow Rate	SWL
190	227	300+	28

(12) WELL LOG:
Ground Elevation 1100

Material	From	To	SWL
Soil	0	13	
Basalt gray WB	13	230	28

Date started 7 July Completed 16 July 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 the best of my knowledge and belief.
WWC Number _____
Signed _____ 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.
WWC Number 606
Signed Richard J Mooney Date 16 July 97

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER