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SEP 16 1997

WELL I.D.# L14026

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765)

WATER RESOURCES DEPT. (START CARD) #7413301d 52314

Instructions for completing this report are on the last page of this form. SALEM, OREGON

(1) OWNER: Well Number \_\_\_\_\_  
Name Doris Lunceford  
Address 3153 Three Mile Rd  
City The Dalles State Oregon 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 \_\_\_\_\_ ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
6	455	608				

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	6	+2 455	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 455

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
410	449	3/8x6	40	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Method Torch  
Material \_\_\_\_\_

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
32	100%	607	1 hr.

Pump  Bailer  Air  Artesian

Temperature of water 66 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. WM.  
Section 27 SW 1/4 ne 1/4  
Tax Lot 600 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:  
410 ft. below land surface. Date 30 Aug 97  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 510

From	To	Estimated Flow Rate	SWL
510	600	32	410

(12) WELL LOG:  
Ground Elevation 900

Material	From	To	SWL
Basalt gray	455	490	
Conglomerate WB	490	530	
Rock gray	530	568	
Basalt black visic WB	568	608	410

Date started 25 Aug Completed 30 Aug 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. Murray Date 9/16/97