

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

JUL 1 1993

(START CARD) # W 101603

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

(1) OWNER: Well Number L14620
Name MATT DINDIA & SPUR INVESTMENTS.
Address 8608 SE. POWELL SUITE C
City Portland State OR. Zip 97202

(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 60 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	60'	CEMENT	0	35'	52 BAGS

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: 6"	+1.5	59'	1.25"	<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) 59'

(7) PERFORATIONS/SCREENS:

From	To	size	Number	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
35	100%		

Temperature of water 52° 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 HOOD RIVER Longitude _____
Township 2 N or S Range 10 E or W. WM.
Section 12 NW 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1100 CLOUD CAP RD. MT HOOD

(10) STATIC WATER LEVEL:
33 ft. below land surface. Date 12-11-97
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
55	60	35 gpm	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
BOULDERS MED. W/SAND	0	18'	
Rock, MULTI-COLORED W/SAND	18'	28'	
Rock, BLK. MED.	28'	35'	
Rock, MULTI-COLORED W/SAND	35'	60'	33'
WB			

RECEIVED

MAY 04 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 11-10-97 Completed 12-12-97

(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.

WVC 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.

WVC Number 1613
Signed Oreg. M. Byrd Date 2-7-98