

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

Wasc
 50516

AUG 03 1998

WELL ID # **L19610**

(START CARD) # **101321**

Instructions for completing this report are on the last page of the report. WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER:

Well Number: _____

Name **Valleyview Acres Water Dist.**
 Address **3040 Valleyview Dr.**
 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 **168** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method A B C D E

Other **Did not Disturb**

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	35	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4.5	+10	177	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations		Method		Material		Casing	Liner
From	To	Slot size	Number	Diameter	Tele/pipe size		
157	177	1/2"	160	1/2"	4.5"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailor Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
60 _____ **168** _____ **1 hr.**

Temperature of Water **61** 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 **14E** E or W. of WM. _____
 Section **7** **SW** 1/4 **SW** 1/4
 Tax Lot **924** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address)
Valleyview Dr. The Dalles, Or.

(10) STATIC WATER LEVEL:

44 ft. below land surface. Date **7/31/98**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
Estimated construction in this well, This was a recondition Repair. No well log found. * Means I think this is what is in the formations.			
* Sandstone Coarse Brown	40	160	
* Sand Fine Brown	160	165	
* Gravel & Clay Cemented Med. Brown	165	180	
* Rock Broken Gray	180	190	
* Basalt Hard Grey	190	194	44

RECEIVED

OCT 06 1998

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started **7/29/98**

Completed **7/31/98**

(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 **7-31-98**
Austin Well Drilling