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WELL ID # L19615

(START CARD) # 101322

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

(1) OWNER: Well Number: _____

Name James Ellett
Address 5693 Chenoweth Rd. W.
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 860 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
15	0	300	Bentonite	0	18	20 Bags	
10	300	860					

How was seal placed: Method A B C D E
 Other Poured & 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: 12 3/4	+1.5	318.5	.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) 318.5

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 150 Drawdown _____ Drill stem at 860 Time 1 hr.

Temperature of Water 62 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. of WM.
Section 6 NW 1/4 SE 1/4
Tax lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) On Kingsley Rd. Next to 5050 Cherry Hts Rd., The Dalles.

(10) STATIC WATER LEVEL:
618 ft. below land surface. Date 11/14/98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 805

From	To	Estimated Flow Rate	SWL
805	860	150	618

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Sandstone Coarse Brown	0	20	
Clay Brown	20	58	
Sandstone Coarse Brown	58	85	
Gravel Med.	85	115	
Gravel large	115	138	
Sandstone Coarse Brown	138	215	
Sandstone Fine Brown	215	226	
Gravel Med.	226	235	
Claystone Hard Gray	235	244	
Gravel Fine	244	255	
Claystone Yellow & Gray	255	270	
Sandstone Hard Coarse Brown	270	310	
Sandstone Coarse brown	310	340	
Gravel Cemented Med.	340	405	
Sandstone Coarse Brown	405	600	
Sandstone Hard Coarse Brown	600	725	
Sandstone Hard W/Clay & Brown & White Crystals	725	805	
Sandstone Coarse Brown W/B	805	860	618

Date started 10/13/98 Completed 1/22/99

(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 Charles Austin WWC Number 790
Date 2/18/99