

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

WASL
 50760

WELL ID # **L19618**

(START CARD) # **101338**

(1) OWNER: Well-Number: _____
 Name **The Dalles Country Club**
 Address **4550 Hwy 30 West**
 City **The Dalles** State **OR** Zip **07058**

(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 **321** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
12"	0	78	Cement	0	60	25 Sacks	
8"	78	321					

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: 8"	+1	78	.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) **None**

(7) PERFORATIONS/SCREENS:

Perforations Method _____ Material _____
 Screens Type _____ Material _____

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

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

Yield gal/min	Drawdown	Drill stem at	Time
23		320	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 **2N** N or S. Range **13E** E or W. of WM.
 Section **17** **SE** 1/4 **SE** 1/4
 Tax lot **100** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **4550 Hwy 30 West, The Dalles, Or.**

(10) STATIC WATER LEVEL:
225 ft. below land surface. Date **7/10/99**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **320**

From	To	Estimated Flow Rate	SWL
320	321	23	225

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Boulders	0	10	
Basalt Hard Gray	10	40	
Rock Soft Blk	40	48	
Basalt Fract. Brown	48	60	
Basalt Hard Gray	60	89	
Basalt Fract. Black	89	93	
Basalt Med. Hard Black	93	114	
Basalt Med. Soft Black	114	190	
Rock Decomposed Bron	190	200	
Rock Soft Black	200	212	
Rock Hard Black	212	248	
Rock Soft Porous Black	248	255	
Basalt Hard Gray	255	286	
Basalt Hard Black	286	320	
Basalt Broken Gray	320	321	225

RECEIVED

JUL 29 1999

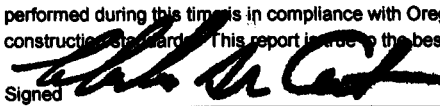
WATER RESOURCES DEPT.
 SALEM, OREGON

Date started **6/23/99** Completed **7/10/99**

(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  WWC Number **790**
 Date **7/27/99**
Charles Austin