

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

WELL I.D.# _____

WELL ID#L16319
(START CARD) # W118764

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

(1) OWNER: Well Number 01
Name J T PHETTEPLACE
Address 1013 W 6TH
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 505ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	top	30'	bentonite	top	30'	16 sacks
6"	30'	340'				
10"	340'	348'	cement	340'	348'	4 sacks
6"	348'	505'				

How was seal placed: Method A B C D E
 Other bentonite dry
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"	top	348'	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) 348'

(7) PERFORATIONS/SCREENS: N/A.

From	To	Slot size	Number	Diameter	Material	Tele/pipe	Casing	Liner

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
50 GPM	100%	495'	<input checked="" type="checkbox"/> Air <input type="checkbox"/> Artesian	1 hr.

Temperature of water 56* 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 NW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3167 THREEMILE RD
THE DALLES OR

(10) STATIC WATER LEVEL:
250 ft. below land surface. Date 12/24/99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 342'

From	To	Estimated Flow Rate	SWL
342'	391'	10 gpm	250'
391'	410'	10 gpm	250'
410'	445'	10 gpm	250'
445'	505'	20 gpm	250'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL & BASALT, FRACTURED	0'	2'	
SOIL	2'	3'	
GRAY SANDSTONE	3'	24'	
BRN & GRAY SANDSTONE, COARSE	24'	46'	
BRN SANDSTONE, FINE	46'	122'	
BRN CLAYSTONE W/RHYOLITE	122'	143'	
BRN SANDSTONE	143'	176'	
WHITE CLAYSTONE	176'	183'	
GRAY SANDSTONE W/BRN BASALT	183'	243'	
BRN BASALT, MEDIUM	243'	271'	
WHITE CLAYSTONE	271'	290'	
BRN & GRAY BASALT, MED HRD	290'	302'	
WHITE & BRN CLAYSTONE W/AGATE	302'	336'	
BRN BASALT, POROUS	336'	342'	
BRN & RED BASALT, VESICULAR WATERBEARING	342'	391'	250'
GRAY & BRN BASALT, MED	391'	410'	250'

Date started 12/20/99 Completed 12/24/99

(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 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 731
Signed Robert L Moore Date 12-31-99

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WELL I.D.# _____

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(1) OWNER: Well Number _____
Name J T PHETTEPLACE (CONT)
Address _____
City _____ State _____ Zip _____

(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

Diameter	From	To	Material	From	To	Sacks or pounds

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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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"/>
						<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
			1 hr.

Temperature of water _____ 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 NW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
GRAY BASALT, HARD	410'	445'	250'
BRN & RED BASALT, VESICULAR			
WATERBEARING	445'	505'	250'

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FEB 23 2000

WATER RESOURCES DEPT.
SALEM, OREGON

Date started _____ Completed _____

(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.
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WWC Number 731
Signed Charles E Moore Date 12-31-99