

WASC  
50835

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

WELL I.D. # L. 36619  
START CARD # 116963

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

(1) OWNER: Gene Byers Well Number \_\_\_\_\_

Name Gene Byers  
Address 3693 1/2 Mile Rd.  
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 535 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
14"	0 36	Cement	0 36	36	sacks
8"	36 535				

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: 10"	21 36	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) 36

(7) PERFORATIONS/SCREENS:

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

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(8) WELL TESTS: Minimum flow rate \_\_\_\_\_ hour

Pump  Bailor  Air  Flowing  
 Artesian

Yield gal/min 400+ Drawdown \_\_\_\_\_ Drill stem at \_\_\_\_\_ Time \_\_\_\_\_ 1 hr.

Temperature of water 59.0 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 24 N or S Range 14E E or W. W.M.  
Section 32 SW 1/4 SW 1/4  
Tax Lot 500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 3693 1/2 Mile Rd.  
The Dalles OR 97058

(10) STATIC WATER LEVEL:  
\_\_\_\_\_ ft. below land surface. Date 5-15-00  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 110

From	To	Estimated Flow Rate	SWL
110	113	15	28
210	232	40	28
290	302	50	28
302	327	100	28
511	535	200	28

(12) WELL LOG:

Material	From	To	SWL
Silty soil	0	4	
Clay	4	10	
Boulders	10	13	
Gravel & sand	13	27	
Gray basalt	27	110	
Black basalt broken	110	113	WB
Gray basalt	113	210	
Brown & red basalt	210	232	WB
Gray basalt	232	290	
Black basalt	290	302	WB
Brown & black basalt	302	327	WB
Gray basalt	327	511	
Green clusters with same block & gray basalt	511	535	WB

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Date started 5-5-00 Completed 5-15-00

(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.

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 Patrick Wallace WWC Number 1318 Date 6-1-00