

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

WELL I.D. # L L43365  
START CARD # 125371

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Paul Linneroth  
Address 2520 Ward Rd  
City The Dalles State Oregon 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 376ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14	0	19	Bentonite	0	19	15 sacks
12	19	190	Cement	0	180	3 yds.
8	190	376				

How was seal placed: Method  A  B  C  D  E  
 Other Rodded & Pumped  
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	1=	19	250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	+1	189	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"/>

(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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
300	?	376	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 13 N or S Range 14 E or W. WM. \_\_\_\_\_  
Section 1 SW 1/4 NW 1/4  
Tax Lot 500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Eight Mile Rd

(10) STATIC WATER LEVEL:  
30 ft. below land surface. Date 12 Aug  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 374

From	To	Estimated Flow Rate	SWL
374	376	300	30

(12) WELL LOG:  
Ground Elevation 300

Material	From	To	SWL
Soil	0	13	
Basalt gray	13	35	
Conglomerate	35	40	
Basalt gray	40	64	
Rock red & gray	64	77	
Basalt gray	77	101	
Rock gray with clay seams brown & white	101	167	
Basalt dk gray WA	167	374	
Black material WB	374	376	30

**RECEIVED**

SEP 11 2000

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 25 July Completed 12 Aug 2000

(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 Richard J. Murray WWC Number 606 Date 7 Sept 2000