

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL ID # L **L42221**

(as required by ORS 537.765)

(START CARD) # **101403**

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

(1) OWNER:

Well Number:

Name **Bryce Molesworth**
Address **1656 Walker Farm Rd.**
City **Mosier** State **OR** Zip **97040**

(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 **515** ft.
Explosives used Yes No Type Amount

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
8	460	515	Did not disturb			

How was seal placed: Method A B C D E

Other **Did not disturb**

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"/>
Liner:				<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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min **100** Drawdown _____ Drill stem at **515** Time **1 hr.**

Temperature of Water **58** Depth Artesian Flow found _____

Was a water analysis done? Yes No 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 **12E** E or W. of WM.
Section **18** **NE** 1/4 **NW** 1/4
Tax lot **300** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **Carrol Rd. Mosier, Or.**

(10) STATIC WATER LEVEL:

320 ft. below land surface. Date **11/02/2000**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **488**

From	To	Estimated Flow Rate	SWL
488	510	60	
510	515	100	320

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Basalt Fract. Med. Gray	475	488	320
Basalt Fract. Hard Gray	460	475	
Basalt Fract. Clayseams Gray	488		
(had 60 PGM)		510	
Basalt Broken Gray (had 100 GPM)	510		
Estimated		515	320

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NOV 20 2000

WATER RESOURCES DEPT.
SALEM, OREGON

Date started **10/28/2000**

Completed **11/02/2000**

(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 my best 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 **790**
Signed *Charles Austin* Date **11/17/2000**