

STATE OF OREGON MAY 01 2001
WATER SUPPLY WELL REPORT
(as required by ORS 537.765) WATER RESOURCES DEPT.

WELL I.D. # L 47474
START CARD # 139294

Instructions for completing this report are given on the reverse side of this form.

(1) LAND OWNER OPAL NEIL HARTH Well Number _____
Name GO MCCLASKEY ORCHARDS "GEORGE HARTH WELL"
Address 4575 BROWNS CREEK 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 650 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL			
Diameter	From	To	Material	From	To
9-7/8	525	530			
7-7/8	645	650			

How was seal placed: Method A B C D E
 Other Backfill 0-400' Bent. Chips & Gel
Backfill placed from 525 ft. to 531 ft. Material Bent. chips
Gravel placed from 400 ft. to 525 ft. Size of gravel 3/8x1/4

(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:	<u>8"</u>	<u>+1</u>	<u>531 250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Air rotary drilled down
 Screens Type _____ Material Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
475	520	1/8x2	1080			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
150±/125 gpm		530	1 hr. (1st)
110-120 "		560	2-3 hrs.
65-70 "		470	"

Temperature of water 62°F 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 14E E or W. WM.
Section 26 NE 1/4 SW 1/4
Tax Lot 4500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 5700 EMERSON LOOP RD
THE DALLES, OR

(10) STATIC WATER LEVEL:
398 ft. below land surface. Date 04/25/01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found Existing well/previously drilled

From	To	Estimated Flow Rate	SWL
	<u>SEE #12</u>		

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Existing 10" well clean hole</u>	<u>0-525</u>	<u>398'</u>	
<u>Gray/Gray-black basalt</u>	<u>525</u>	<u>530</u>	<u>"</u>
<u>Existing 8" well cleaned out</u>	<u>530</u>	<u>645</u>	<u>398'</u>
<u>DEEPENING:</u>			
<u>Black/Gray-black basalt</u>	<u>645</u>	<u>650</u>	<u>398'</u>
<u>Set 8" liner casing & backfill bottom w/bentonite chips @ 531'</u>			
<u>Cleaned out 8" liner hole & drilled to 650' Air tested 50 gpm @ 650'</u>			
<u>Gravel packed 8" liner casing with 3900# of 3/8x1/4 clean pea gravel back to approx. 400' topped w/bentonite chips & gel pack to surface</u>			
<u>Perforated 8" liner casing per #7</u>			
<u>Air test 3 hrs., clean water see #8</u>			

Date started 03/28/01 Completed 04/25/01

(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 [Signature] WWC Number 573 Date 04/25/01