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WELL I.D.# _____ L10350

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

AUG 13 2001

(START CARD) # W-52364

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

(1) OWNER: and
Name George R. & Laverle Overman
Address 4335 Old Dufur 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 1134 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL				
Diameter	From To	Material	From To	Sacks or pounds		
10"	+ 2 940	Cement	640 940	5yds		
	977					
6"	977 1132					

How was seal placed: Method A B C D E
 Grout pumped thru 3"x10" inflatable packer
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"	+ 2	940		<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) 940 ft

(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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
600	24		8 hrs

Temperature of water 78° 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 1 N N or S Range 14 E E or W. WM.
Section 29 SE 1/4 SW 1/4
Tax Lot 6100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 4335 Old Dufur Rd
The Dalles OR 97058

(10) STATIC WATER LEVEL:
471 ft. below land surface. Date 7-18-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 1132

From	To	Estimated Flow Rate	SWL
1132	1140	2,000 GPM	471

(12) WELL LOG: Ground Elevation Approx. 930 ft

Material	From	To	SWL
Rock, Grey hard	460	494	471
Rock, black porous	494	497	
Rock, grey broken	497	512	
Rock, black hard	512	521	
Rock, grey broken	521	526	
Rock, grey hard	526	551	
Rock, dark grey	551	572	
Rock, grey porous	572	577	
Rock, grey hard, chips	577	587	
Rock, grey hard, fine	587	602	
Rock, grey hard, chips	602	617	
Rock, grey hard, fine	617	652	
Rock, grey hard, chips	652	657	
Rock, grey porous	657	662	
Rock, grey	662	667	
Clay, green & black	667	702	
Rock, grey hard, chips	702	745	
Rock, grey	745	843	
Rock, broken	843	853	471
lost circulation (continued)			

Date started Aug 27, 1998 Completed July 16, 2001

(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 569
Signed Silbert Clayton Date 8-10-01

Attached sheet for Well Report on Well No. L10350
 Owners: Orchard View Farms, Inc.
 and
 George R. & Lavelle Overman

Aug. 10, 2001

(12) WELL LOG continued:

put grout in well to try to plug, 22 hards total.

Was able to drill without having circulation.

Drill cuttings blowed out into separation.

No cuttings 853 920

Rock, black 920 970

hole blowed after 8 hrs @ 1500 cu ft air

No cuttings 970 1098

drilled hard, 5' to 6' in 8 hrs

No cuttings 1098 1132

drilled hard, 11' to 12' in 8 hrs

No cuttings, drilled hard 1132 1138

Easy drilling, water 1138 1139

No cuttings, drilled hard 1139 1140

plug bit, blue clay 1140 1142

SWL
471

471 After casing and
grouting at 940'

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WATER RESOURCES DEPT
SALEM, OREGON