

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

WASC WASC 51019
51019 WELL I.D.# L43361

(START CARD) # W145853

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

(1) OWNER: Well Number L43361
Name STAN ASABROOK
Address 75 HIMIRICH ST
City DUFUR State OR. Zip 97021

(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 235 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
12	0	173	CEMENT	0	173	112	
8	173	235					

How was seal placed: Method A B C D E
 Other PRESSURE GROUTED WITH PUMP
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: 8	12	173	.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) NOTE

(7) PERFORATIONS/SCREENS:

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

Yield gal/min	Drawdown	Drill stem at	Time
150	100%	234	1 hr.

Temperature of water 58 Depth Artesian Flow Found 220
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 18 N or S Range 13 E or W. WM.
Section 36 SW 1/4 NW 1/4
Tax Lot 100 Lot 36 Block _____ Subdivision _____
Street Address of Well (or nearest address) 1/4 MILE SOUTH OF DUFUR
LEFT TURN 1/4 MILE NORTH ON ROAD

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure 22 lb. per square inch. Date 12-31-01

(11) WATER BEARING ZONES:
Depth at which water was first found 147

From	To	Estimated Flow Rate	SWL
200	230	100	
		BY ARTESIAN PRESSURE	

(12) WELL LOG:
Ground Elevation 1075

Material	From	To	SWL
SOIL	0	3	
BASALT GREY	3	144	
CLAY YELLOW	144	147	
BASALT BLACK WB	147	150	
BASALT GREY	150	200	
BASALT BLACK WB	200	230	FLOWING
BASALT GREY	230	235	

RECEIVED
JAN 04 2002
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
MAR 09 2004
WATER RESOURCES DEPT
SALEM, OREGON

Date started 12-11-01 Completed 12-22-01

(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 1782 Date 12-22-01