

WASC  
51020

STATE OF OREGON

WATER SUPPLY WELL REPORT  
(as required by ORS 537.765)

WELL I.D. # L 43369  
START CARD # 145855

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

(1) LAND OWNER Well Number L43369  
Name STAN ASHBROOK  
Address 75 HINRICH 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 401 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14	0	176	CONCRETE	0	176	222
10	176	401				

How was seal placed: Method  A  B  C  D  E  
 Other PERFORATED GRANITE WITH PUTTY

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	42	176	350	<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"/>

Drive Shoe used  Inside  Outside  None  
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

Yield gal/min	Drawdown	Drill stem at	Time
40	10.76	400	1 hr.

Temperature of water 50 Depth Artesian Flow Found 225  
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 S N or S Range 13 E E or W. WM.  
Section 36 NW 1/4 NE 1/4  
Tax Lot 100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) LEFT TURN 1/4 MILE SOUTH OF DUFUR, FOLLOW ROAD NORTH 1/2 MILE

(10) STATIC WATER LEVEL:  
540 ft. below land surface. Date \_\_\_\_\_  
Artesian pressure 40 lb. per square inch Date 12-10-01

(11) WATER BEARING ZONES:

Depth at which water was first found 155

From	To	Estimated Flow Rate	SWL
225	287	40	
BY ARTESIAN PRESSURE			

(12) WELL LOG:  
Ground Elevation 1000

Material	From	To	SWL
SOIL	0	8	
BLACK BASALT	8	30	
GREY BASALT	30	154	
BLACK BASALT	154	160	
GREY BASALT	160	220	
BLACK BASALT WB	220	287	11.5 - FLOW
CLAYSTONE	287	295	
CONCRETE	295	330	
GREY BASALT	330	340	
SANDSTONE	340	375	
GREY BASALT	375	401	

RECEIVED  
JAN 04 2002  
WATER RESOURCES DEPT  
SALEM, OREGON

RECEIVED  
MAR 09 2004  
WATER RESOURCES DEPT  
SALEM, OREGON

Date started 11-6-01 Completed 12-8-01

(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.  
WVC 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.  
WVC Number 1762  
Signed Adriant Date 12-8-01