

WASC 51130
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STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 61971

START CARD # 155350

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

WATER RESOURCES DEPT
SALEM, OREGON

(1) LAND OWNER Well Number _____
Name TENNESON ORCHARDS INC
Address 5299 MILL 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 442 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14	0	40	Cement/gel	0	15	10 sks w/gel
			" "	30	40	15 sks w/gel
10	40	372	Cement/gel	0	372	236 sks w/gel
8	372	442				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 15 ft. to 30 ft. Material Bent. chips
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	10	0	40	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	8	+1	372	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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 8" well head flange w/4" side discharge

(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"/>
						<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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
640	Flowing w/6# head pressure	4 hrs	
400	Flowing w/55#	"	"
200	Flowing w/80#	"	"

Temperature of water 80-82°F Depth Artesian Flow Found 310/385
Was a water analysis done? Yes By whom AMJ
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other Shallow
Depth of strata: 4-27' & 310-350' (cased & grouted off)

(9) LOCATION OF WELL by legal description:
County WASCO Latitude _____ Longitude _____
Township 1N N or S Range 13E E or W. WM.
Section 18 NW 1/4 SW 1/4
Tax Lot 1100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 5450 MILL CREEK RD
THE DALLES, OR

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure 92 lb. per square inch Date 03/05/03

(11) WATER BEARING ZONES:

Depth at which water was first found (4') (310') 385'

From	To	Estimated Flow Rate	SWL
(310)	350	Flowing 45-50	Unknown
385	413	Flowing 250	92#
430	434	Flowing 390	92#

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown & gray clay soil	0	4	
Black & brown gravel & boulders w/silts	4	27	w.b. 4'
Brown sandstone, occ boulders, claystone, mostly firm	27	170	
Lt. tan claystone, firm	170	182	
Black glossy basalt, brkn	182	205	
Gray-blk. basalt, hard, occ frac. streaks	205	297	
Black silty claystone, occ. clay streaks	297	306	
Black basalt & lava	306	310	
Gray-black basalt, occ. brkn. strks., occ. lava strks.	310	350	Flowing
Gray-black basalt, hard	350	385	
Black basalt, brkn, occ. lava	385	413	Flowing
Gray-black basalt, hard	413	430	
Gray-black basalt, brkn.	430	434	Flowing
Gray-black basalt	434	442	

Date started 01/13/03 Completed 03/05/03

(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 573
Signed [Signature] Date 03/05/03