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WATER RESOURCES DEPT
OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL I.D. # L 54515
START CARD # W 134202

(1) LAND OWNER
Name STAN ASHBROOK Well Number _____
Address 75 S HEIMRICH 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 442 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL		
Diameter	From	To	Material	From	To
12	0	36	AMMOTEC	0	36
8	36	400			
6	400	442			

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

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: <u>8</u>	<u>72</u>	<u>36</u>	<u>250</u>	<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"/>
						<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
<u>325</u>	<u>100%</u>	<u>400</u>	<u>1 hr.</u>

Temperature of water 56 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 S N or S Range 13 E E or W. WM.
Section 26 SE 1/4 SE 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 75 S HEIMRICH ST
DUFUR OR 97021

(10) STATIC WATER LEVEL:
16 ft. below land surface. Date 3-14-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 385

From	To	Estimated Flow Rate	SWL
<u>385</u>	<u>400</u>	<u>325</u>	<u>16</u>

(12) WELL LOG:
Ground Elevation 900

Material	From	To	SWL
SOIL	0	5	
GREY ROCK HARD	5	26	
BROWN ROCK MEDIUM	26	58	
GREY + BROWN ROCK	58	74	
BROWN ROCK MEDIUM	74	86	
GREY ROCK HARD	86	89	
BROWN ROCK MEDIUM	89	92	
GREY ROCK HARD	92	128	
BROWN ROCK MEDIUM	128	150	
GREY ROCK HARD	150	161	
BROWN + GREY ROCK	161	174	
GREY ROCK HARD	174	299	
BROWN ROCK MEDIUM	299	304	
BROWN ROCK MEDIUM	304	307	
GREY ROCK HARD	307	385	
BLACK ROCK YELLOW + WHITE CLAY (WIB)	385	400	16
GREY ROCK HARD	400	441	
WOOD	441	442	

Date started 2-24-03 Completed 3-14-03

(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.
Signed _____ Date _____ WWC Number _____

(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 J. O. White WWC Number 1782
Date 3-21-03