

WASC 51267

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"AMENDED"
RECEIVED

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L 69639
START CARD # 159684

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

JUN 28 2004

(1) LAND OWNER
Name VAN HARTH C/O MCCLASKEY ORCHARDS
Address 4575 BROWNS CREEK ROAD
City THE DALLES State OR Zip 97058

(9) LOCATION OF WELL by legal description:
County WASCO Latitude _____ Longitude _____
Township 1N N or S Range 14E E or W. WM.
Section 27 SE 1/4 SW 1/4
Tax Lot 4400 Lot _____ Block _____ Subdivision _____

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

Street Address of Well (or nearest address) CHERRY VALLEY ORCHARD
5820 EMERSON LOOP RD., THE DALLES, OR

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(10) STATIC WATER LEVEL:
865 ft. below land surface. Date 06/12/04
Artesian pressure _____ lb. per square inch Date _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(11) WATER BEARING ZONES:
Depth at which water was first found (40') 996

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 1257 ft.
Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
996	1257	500	865'

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
24"	0 92	Cem. grout	0 92	133	sks w/gel
17"	0 698	Cem. grout	0 179	74	sks mix
13"	698 1120		400 698	150	sks mix
12"	1120 1164				
8"	1164 1257				

How was seal placed? Method A B C D E
 Other _____
Backfill placed from 129 ft. to 400 ft. Material sand mix grout
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(12) WELL LOG:
Ground Elevation _____

Diameter	From	To	Gauge	Steel				Plastic	Welded	Threaded
Casing: 18"	0	92		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14"	+7	40	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14"	40	250	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14"	250	694	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Material	From	To	SWL
Gray-brown silty soil	0	40	
Brown basalt, weath. brkn. clay	40	65	wt (25')
Brown, gray-brown & gray-black basalt, occ. lava, occ. brkn	65	478	
Red-brown, black basalt & lava	478	505	
Black, gray-black basalt, creviced, occ. frac/brkn. (200 gpm)	505	608	wb (46')
Blue green claystone	608	612	
Black basalt, occ. claystone	612	626	
Gray-brown, gray-black basalt	626	776	
Loss zone, voids, brkn basalt	776	788	
Black & gray-black basalt, frac., occ. very hard (columbar)	788	996	
Gray-black basalt, lava, brkn	996	1015	865'
Black basalt w/mineral strks	1015-1035		"
Gray-black basalt, frac.	1035	1257	865'

Drive Shoe used Inside Outside None
Final location of shoe(s): _____

Date started 09/23/2003 Completed 06/12/2004

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner

(unbonded) Water Well Constructor Certification:

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Flowing Time
500	141		1 hr.
450	57		4 hrs.

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.

Temperature of water 78°F 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: _____

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.
Signed _____ WWC Number 573 Date 06/14/04

JUN 16 2004

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D. # L 69639

START CARD # 159684

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Special Construction approval Yes No Depth of Completed Well 1257 ft.
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HOLE		SEAL		Material		Sacks or pounds	
Diameter	From	To	From	To			
24"	0	92	0	92	Cem. grout	133	skw/gel
17"	0	698	0	179	Cem. grout	74	skw mix
					mix	400	698
13"	698	1120					150
12"	1120	1164					
8"	1164	1257					

Method A B C D E
 Other _____

Backfill placed from 400 ft. to 698 ft. Material sand mix grout

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 18"	0	92		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14"	+7	40	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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14"	250	694	375	<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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<input checked="" type="checkbox"/> Pump 500	<input type="checkbox"/> Bailer 141	<input type="checkbox"/> Air	<input type="checkbox"/> Artesian 1 hr.
450	57		4 hrs.

Temperature of water 78°F Depth Artesian Flow Found _____
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Black, gray-black basalt, creviced, occ. frac/brkn. (200 gpm)	505	608	wb(465')
Blue green claystone	608	612	
Black basalt, occ. claystone	612	626	
Gray-brown, gray-black basalt	626	776	
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WWC Number 573
Signed [Signature] Date 06/14/04