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STATE OF OREGON

WATER SUPPLY WELL REPORT NOV 01 2005

(as required by ORS 537.765)

WELL I.D. # L 73220
START CARD # 145834

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

WATER RESOURCES DEPT.
SALEM, OREGON

(1) LAND OWNER
Name GREG HUNNEY
Address 3400 BEDFORDS CREVE 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 178 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks	or pounds
10	0	38.5	2 1/2" PORTLAND CEMENT	0	38.5	21	
6	38.5	178					

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:

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded	Drive Shoe used
Casing	6	1.5	38.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 38.5

(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
30	100%	177	1 hr.

Flowing Artesian Air Bailer Pump

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 2 N N or S Range 12 E E or W. WM.
Section 36 NW 1/4 SE 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
90 ft. below land surface. Date 8-22-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 150

From	To	Estimated Flow Rate	SWL
150	178	30	90

(12) WELL LOG:
Ground Elevation 1000

Material	From	To	SWL
SOIL	0	2	
SANDSTONE TAN + BOULDERS	2	178	
WB	150	178	90

Date started 8-20-05 Completed 8-22-05

(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 1782
Signed J D Whit Date 8-28-05