

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 81105

START CARD # 181847

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

(1) LAND OWNER Well Number _____
Name Chenowith Water PUD
Address PO Box 870
City The Dalles State OR Zip 97058

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other Crane Truck

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 260 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
			<u>See #12</u>			

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

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

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>8"</u>	<u>+2</u>	<u>128</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 8x10" Hook wall packer @ 128-131'

(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
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time

Temperature of water _____ 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 (legal description)
County Wasco

Tax Lot 1200 Lot _____
Township 2N N or S Range 13E E or W WM
Section 32 DA SE 1/4 NE 1/4

Lat _____ ° ' " or _____ (degrees or decimal)
Long _____ ° ' " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 2312 West 8th Street
The Dalles, OR

(10) STATIC WATER LEVEL
120 ft. below land surface. Date 11/17/2005
120 ft. below land surface. Date 11/18/2005
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
<u>Existing 10" well drilled in 1949</u>			
<u>Chenowith Irrigation Coop. Inc.</u>			
<u>recorded depth @ 260 ft.</u>			<u>120'</u>
<u>(Well not accessible to drill rig)</u>			
<u>8" steel liner casing installed in</u>			
<u>10" bore hole w/8x10 hook wall</u>			
<u>packer set @ 128-131 ft.</u>			<u>120'</u>
<u>Pressure grout annular to</u>			
<u>surface with 41 sks. cement</u>			
<u>grout mix.</u>			

RECEIVED
NOV 23 2005
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 11/18/2005 Completed 11/18/2005

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 _____ Date _____
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 Date 11/21/2005
Signed [Signature]