

WASC 51499

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

WELL ID. # L 77304

START CARD # W173758

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

(1) LAND OWNER Well Number 1
 Name TOM PETERS
 Address 700 NW 94TH ST
 City VANCOUVER State WA Zip 98665

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 230 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
12"	0	80	CE	0	40	22 SACKS
8"	80	120				
6"	120	230				

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 _____

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	0	80	.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) 80'

(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 Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
450	100	220	1 HR

Temperature of water 65 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 200 Lot _____
 Township 1 S Range 14 E WM
 Section 1 SW 1/4 NW 1/4

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

Street Address of Well (or nearest address) MASON CUTOFF RD THE DALLES OR 97058

(10) STATIC WATER LEVEL
10 ft. below land surface. Date 08-29-06
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 210

From	To	Estimated Flow Rate	SWL
210	230	450	10

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
TOPSOIL	0	1	
BROWN CLAY	1	7	
GRAVEL W/FRACTURE BASALT	7	14	10
BROWN BASALT, POROUS, W/CLAYSTONE, CAVING	14	55	10
GRAY BASALT, HARD	55	210	10
BLACK BASALT, POROUS, WATERBEARING	210	220	10
BLACK BASALT, POROUS, CAVING, WATERBEARING	220	230	10

Date Started 08-23-06 Completed 08-29-06

(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 1256 Date 8-29-06

Signed Gabe Floor

(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 731 Date 8-29-06

Signed Charles L Moore

RECEIVED
 SEP 22 2006
 WATER RESOURCES DEPT
 SALEM, OREGON