

# WASC 51508

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STATE OF OREGON

### WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

11-06-2006

WELL LABEL # L 86399

START CARD # 189534

*Correction*

#### (1) LAND OWNER

Owner Well I.D. \_\_\_\_\_

First Name DENNIS Last Name MARSH

Company \_\_\_\_\_

Address 84682 OAK SPRINGS RD

City MAUPIN State OR Zip 97037

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

#### (3) DRILL METHOD

Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other

(5) BORE HOLE CONSTRUCTION Special Standard  Attach copy  
Depth of Completed Well 717.00 ft.

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	
12	550	717	Cement	0	384	131	S

How was seal placed: Method  A  B  C  D  E

Other HALLIBURTON

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

#### (6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Std	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10		1	379	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

#### (7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size

Perf/ Screen Liner	Casing Dia	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500		717	1
500		617	1
500		580	1

Temperature 58 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

#### (9) LOCATION OF WELL (legal description)

County Wasco Twp 4.00 S N/S Range 14.00 E E/W WM

Sec 20 SE 1/4 of the NW 1/4 Tax Lot 3700

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

84682 OAK SPRINGS RD

#### (10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
	09-27-2006		353
Completed Well	11-03-2006		371

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11-03-2006	695	712	500		<input checked="" type="checkbox"/> 371
					<input type="checkbox"/>
					<input type="checkbox"/>

#### (11) WELL LOG

Ground Elevation \_\_\_\_\_

Material	From	To
BLACK SAND	550	695
BLACK SCORRIA	695	701
BLACK BASALT W/GRAVEL	701	712
BLACK BASALT	712	717

**RECEIVED**

JAN 16 2007

WATER RESOURCES DEPT  
SALEM, OREGON

Date Started 09-27-2006

Completed 11-03-2006

#### (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.

License Number 1731 Date 11-06-2006

Electronically Filed

Signed RYAN SCOTT FULLERTON (E-filed)

#### (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.

License Number 544 Date 11-06-2006

Electronically Filed

Signed LARRY BURD (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK