

WASC
51532

WASC 51532

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

AMENDED LOG

WELL LABEL # L 88230

START CARD # 190209

(1) LAND OWNER Owner Well I.D. Miller #3

First Name Bill Last Name Miller
Company C/O Cherry Blossom Orchards, LLC
Address 3551 Old Dufur Rd.
City The Dalles State OR Zip 97058

(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 632 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
24	0	95	Cement	0	95	117	S
19	57	570	Cement	0	570	498	S
15	570	632					

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

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	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24		0	5	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20		0	57	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/>	1.5	20	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16		20	250	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16		250	569	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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/ Screen	Casing/ Liner	Screen Dia	From	To	Sorn/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)
2,200			1

Temperature 68 °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 1 S N/S Range 14 E E/W WM
Sec 17 SE 1/4 of the SW 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ ° 0' _____ " or _____ DMS or DD
Long _____ ° 0' _____ " or _____ DMS or DD
 Street address of well Nearest address

66166 Boyd Loop Rd., Dufur, OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	03-22-2007	81	<input checked="" type="checkbox"/>	187.1

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 160

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
11-13-2006	160	200	25		<input type="checkbox"/>	104
11-15-2006	410	455	100		<input type="checkbox"/>	37
12-14-2006	550	600	20		<input checked="" type="checkbox"/>	187.1
03-22-2007	621	629	2,200	81	<input checked="" type="checkbox"/>	187.1

(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown claystone/Sandstone	0	36
Brown basalt. occ. claystone	36	50
Brown claystone with occ. brown cemented gravel	50	75
Brown basalt weathered	75	90
Gray-black basalt, hard	90	160
Black & brown basalt, occ. interbeds	160	200
Gray-black basalt, occ. black basalt & lava	200	410
Brown basalt & lava, interbeds	410	455
Black basalt, fractured, minerals deposits	455	475
Green claystone	475	478
Black basalt, occ. brown, occ. claystone	478	490
Gray-black basalt, hard, occ. fractures	490	621
Black, gray-black basalt, broken, fractured	621	629
Gray-black basalt	629	632

Date Started 11-02-2006 Completed 03-22-2007

(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 _____ Date _____

Password : (if filing electronically) _____

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.

License Number 573 Date 04-05-2007

Password : (if filing electronically) _____

Signed _____

Contact Infd (optional) _____

RECEIVED

APR 05 2007

ORIGINAL - WATER RESOURCES DEPARTMENT

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

WATER RESOURCES DEPT
SALEM, OREGON

Form Version: 0.88

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Dia	From	To	Material	From	To	Amt	lbs
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								width	length	slots	pipe size

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Flowing Artesian? Dry Hole?

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11-15-2006	410	455	100		<input type="checkbox"/> 37
12-14-2006	550	600	20		<input checked="" type="checkbox"/> <u>Flowing</u>
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License Number 573 Date 03-22-2007
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT
 WATER RESOURCES DEPT
 SALEM, OREGON