

## STATE OF OREGON

## WATER SUPPLY WELL REPORT

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

08-24-2010

WELL LABEL # L 98127

START CARD # 1010627

## (1) LAND OWNER

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

First Name KATE

Last Name GRAY

Company \_\_\_\_\_

Address FURTHER VALLEY RD.

City MOSIER

State OR

Zip 97040

## (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 161.00 ft.

| BORE HOLE |      |     | SEAL      |      |    | Amt | sacks/<br>lbs |
|-----------|------|-----|-----------|------|----|-----|---------------|
| Dia       | From | To  | Material  | From | To |     |               |
| 10        | 0    | 18  | Bentonite | 0    | 18 | 21  | S             |
| 8         | 18   | 161 |           |      |    |     |               |
|           |      |     |           |      |    |     |               |
|           |      |     |           |      |    |     |               |

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other Pour dry & hydrate

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"/> | 6   | <input checked="" type="checkbox"/> | 2    | 18  | .25   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/>            | 4.5 | <input type="checkbox"/>            | -5   | 161 | .25   | <input type="checkbox"/>            | <input checked="" 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"/> |
| <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 Drilled

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

| Perf/S | Casing/ Screen | Liner | Dia | From | To | Screen/slot width | Slot length | # of slots | Tele/ pipe size |
|--------|----------------|-------|-----|------|----|-------------------|-------------|------------|-----------------|
| Perf   | Liner          | 4.5   | 150 | 160  | .5 | .5                | 40          | 4.5        |                 |
|        |                |       |     |      |    |                   |             |            |                 |
|        |                |       |     |      |    |                   |             |            |                 |
|        |                |       |     |      |    |                   |             |            |                 |

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

|   |     |  |   |
|---|-----|--|---|
| 5 | 100 |  | 1 |
|   |     |  |   |
|   |     |  |   |

Temperature 57 °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 2.00 N N/S Range 12.00 E E/W WM

Sec 20 NW 1/4 of the SE 1/4 Tax Lot 2100

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

Lot \_\_\_\_\_

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

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

☒ Street address of well ☐ Nearest address

FURTHER VALLEY RD.

MOSIER, OR 97040

## (10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

|                              |            |  |     |
|------------------------------|------------|--|-----|
| Existing Well / Predeepening |            |  |     |
| Completed Well               | 08-05-2010 |  | 110 |

Flowing Artesian? ☐ Dry Hole? ☐

## WATER BEARING ZONES

Depth water was first found 145'

| SWL Date   | From | To  | Est Flow | SWL(psi) | + SWL(ft) |
|------------|------|-----|----------|----------|-----------|
| 08-05-2010 | 145  | 153 | 5        |          | 110       |
|            |      |     |          |          |           |
|            |      |     |          |          |           |
|            |      |     |          |          |           |

## (11) WELL LOG

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

| Material                                                 | From | To  |
|----------------------------------------------------------|------|-----|
| Top Soil                                                 | 0    | 4   |
| Brown Clay                                               | 4    | 11  |
| Tan Claystone                                            | 11   | 18  |
| Brown Sandstone                                          | 18   | 34  |
| Void - lost circulation, grouted 4 bags of cement, got b | 34   | 35  |
| Tan Clay                                                 | 35   | 37  |
| Brown Sandstone                                          | 37   | 85  |
| Tan/Grey Sandstone                                       | 85   | 93  |
| Brown Sandstone                                          | 93   | 105 |
| Brown Sandstone, hard                                    | 105  | 130 |
| Brown Sandstone, medium                                  | 130  | 145 |
| Gravel, brown & green                                    | 145  | 153 |
| Black Basalt                                             | 153  | 161 |
|                                                          |      |     |
|                                                          |      |     |
|                                                          |      |     |
|                                                          |      |     |

Date Started 07-12-2010

Completed 08-05-2010

## (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 \_\_\_\_\_

Electronically Filed

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 1821 Date 08-24-2010

Electronically Filed

Signed MICHAEL BYRD (E-filed)

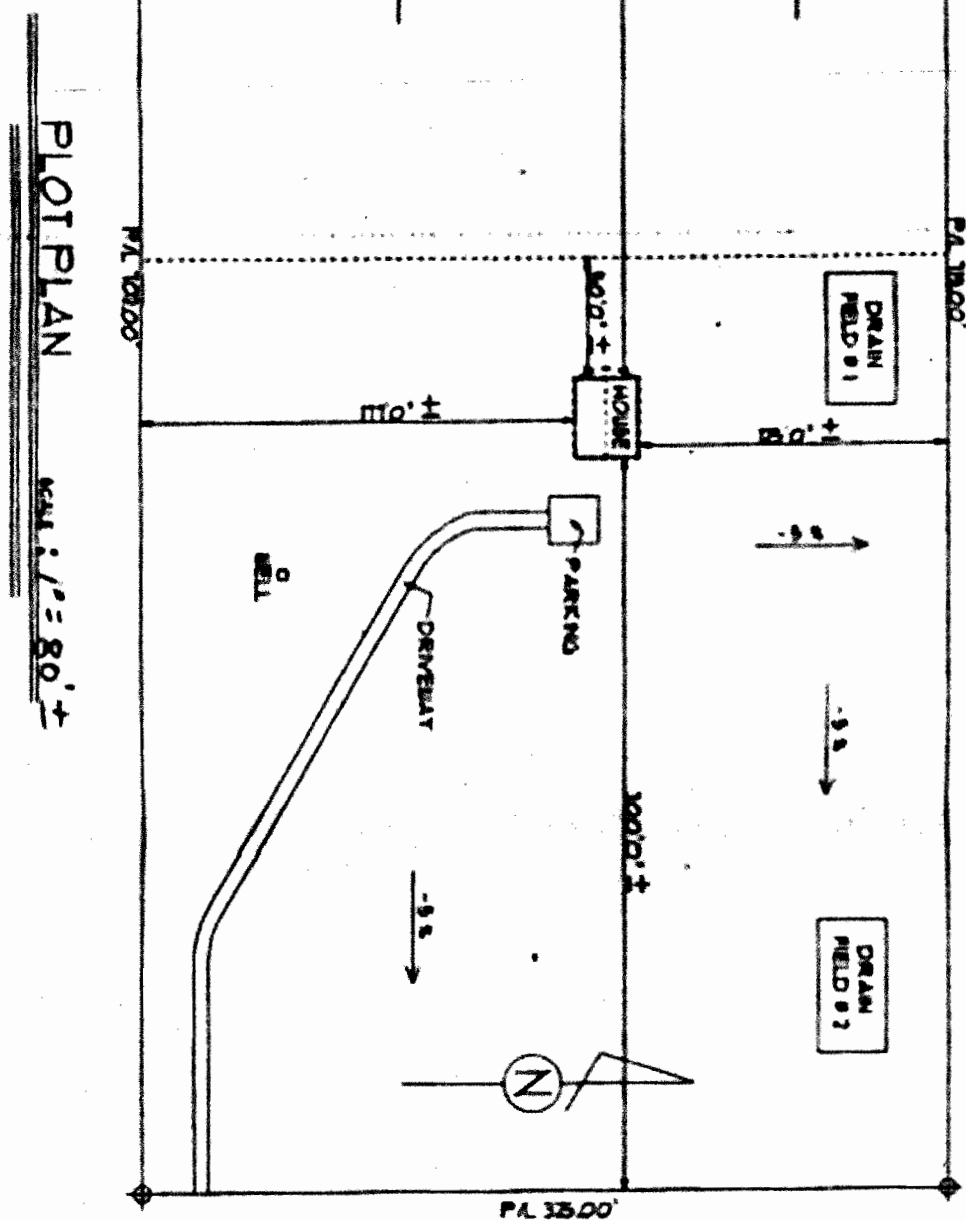
Contact Info (optional) \_\_\_\_\_

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.95

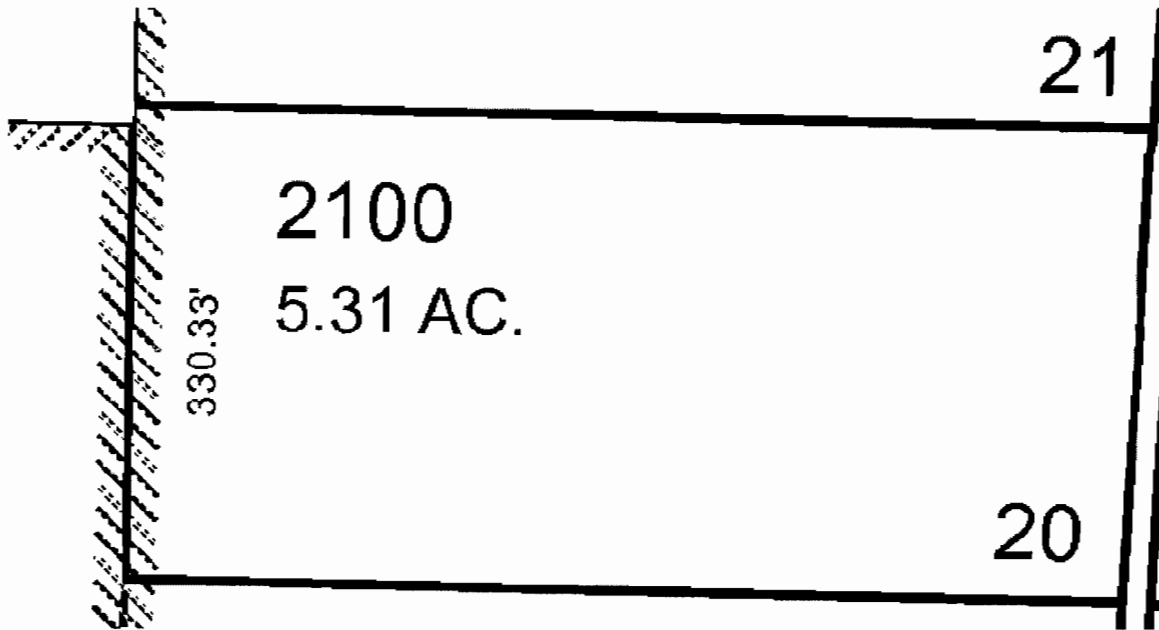
DEE MAP 2ND EDO  
TL 0 200



**LAND OWNER SUBMITTED MAP**

WATER RESOURCES DEPT  
SALEM, OREGON

**EXEMPT USE WELL LOCATION MAP**



**Wasco County**

Assessor Map Reference Number: **2N 12E 20 NWSE: Tax Lot 2100**

Street Address of Well, if Available: **Further Valley Road, Mosier, OR.**

Well Log # **WASC 51791**. Well Label # **L 98127**. (Please Locate Well and Indicate distance From Property or Survey Corner, See Attached Sample Well Location Map.).

**You may also locate your well using our exempt use well mapping tool on our website at [www.wrd.state.or.us/OWRD/exempt use 788 info.shtml](http://www.wrd.state.or.us/OWRD/exempt_use_788_info.shtml) or by contacting the Exempt Use Well Program Coordinator at 503 986-0861.**

MAP NOT TO SCALE

**RECEIVED**

SEP 13 2010

WATER RESOURCES DEPT  
SALEM, OREGON