

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

WASC 51987
6/27/2012

WELL I.D. LABEL# L 97089
START CARD # 208064
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D. 1
First Name L SCOTT Last Name WEBSTER
Company
Address 2900 VAN HORN DR
City HOOD RIVER State OR Zip 97031

(2) TYPE OF WORK
[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (complete 2a & 10) [ ] Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing:
Material From To Amt sacks/lbs
Seal:

(3) DRILL METHOD
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

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

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 470.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other POUR IN
Backfill placed from 470 ft. to 605 ft. Material CEMENT 41 S
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Actual Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 186
Temp casing [X] Yes Dia 10 From 0 To 20

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
45 450 1

Temperature 64 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount
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 18 NE 1/4 of the SE 1/4 Tax Lot 700
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
[ ] Street address of well [X] Nearest address
1631 CARROLL RD, MOSIER OR

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 6/19/2012 225
Flowing Artesian? [ ] Dry Hole? [ ]

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Rows include dates 6/6/2012, 6/7/2012, 6/15/2012 with corresponding values.

(11) WELL LOG
Ground Elevation
Material From To
TOPSOIL 0 2
SANSTONE, COARSE, TAN 2 94
SANDSTONE, COARSE, GRAY 94 158
BROWN & GRAY BASALT, POROUS, W.B. 158 170
GRAY BASALT, MEDIUM HARD 170 238
GRAY & BLACK BASALT, MILD FRACT 238 252
GRAY BASALT, HARD 252 309
GRAY & BROWN BASALT, POROUS, W.B. 309 322
BROWN & RED BASALT, MED HARD 322 328
BLACK & BLUE BASALT, HARD 328 335
GRAY BASALT, HARD 335 341
BLACK BASALT W/BLUE CLAYSTONE 341 350
GRAY & BLACK BASALT, MED HARD 350 365
GRAY BASALT, HARD 365 412
BLACK BASALT, MEDIUM HARD 412 456
GRAY BASALT, HARD 456 496
BLACK BASALT, MEDIUM HARD 496 539
BLACK & GRAY BASALT 539 545
BLACK BASALT, POROUS W/GREEN 545 561

Date Started 6/6/2012 Complete 6/19/2012

(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 1256 Date 6/26/2012
Signed KARL F MOORE JR (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 731 Date 6/27/2012
Signed CHARLES MOORE (E-filed)
Contact Info (optional) M-K DRILLING COMPANY 509-767-1342

