

JUL 18 1990

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

BAKE
1705

WATER RESOURCES DEPT.
SALEM, OREGON

75/39E/29ad
(START CARD) # 17548

(1) OWNER: Well Number: _____
Name L.M + M.S INGRAM TRUST
Address RT 1 Box 124
City HAINES State OR Zip 97833

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 157 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	20	CEMENT	0	20	10
12	20	160				

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 20 ft. to 157 ft. Size of gravel 3/4

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
		12	+2	155	150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Liner:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 155

(7) PERFORATIONS/SCREENS:
 Perforations Method slotted pipe
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
43	155	3/16	342	10	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 500 Drawdown 149 Drill stem at 157 Time 1 hr.

Temperature of water 53 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: 5

(9) LOCATION OF WELL by legal description:
County BAKEM Latitude _____ Longitude _____
Township 7 N or S Range 39 E or W, WM.
Section 29 SE 1/4 NE 1/4
Tax Lot 4200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
4 ft. below land surface. Date 6-22-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 4

From	To	Estimated Flow Rate	SWL
<u>4</u>	<u>15</u>	<u>1</u>	<u>4</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	3	
GRAVEL + CLAY	3	8	
SAND + GRAVEL + CLAY	8	15	4
GRAVEL + CLAY	15	32	
SAND + GRAVEL - M-B	32	34	4
CLAY + GRAVEL	34	53	
SAND + GRAVEL - M-B	53	58	4
CLAY + GRAVEL	58	67	
GRAVEL - M-B	67	69	4
CLAY + GRAVEL	69	78	
SAND + GRAVEL - M-B	78	93	4
CLAY	93	95	
SAND - M-B	95	90	4
CLAY	90	102	
SAND + GRAVEL - M-B	102	107	4
GRAVEL - M-B	107	115	4
SAND FINE	115	120	
CLAY + SILT	120	125	
SAND + GRAVEL - M-B	125	140	
GRAVEL + SAND - M-B	140	160	

Date started 5-14-90 Completed 6-22-90

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Debra Dennis WWC Number 591
Date 6-22-90