

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

BAKE
 2099

75/39E/29⁰¹
 (START CARD) # 14581 pg. 1

Instructions for completing this report are on the last page of this form.

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

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other AIR REVERSE

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

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
27	0	34	CEMENT	0	34	92 SACKS
19	34	315	GRAVEL			38 YDS

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 0 ft. to 315 ft. Size of gravel 1/4 - 3/8

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 20"	17	34	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 12.750	27	314	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Cutting torch + Factory Perf.
 Screens Type Slotted Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	214	3/16	1190	12.750		<input type="checkbox"/>	<input checked="" type="checkbox"/>
214	314	3/16	2400	12.750		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 1000 Drawdown 90' Drill stem at PUMP Time 1 hr.
 Temperature of water 54° Depth Artesian Flow Found NO
 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: _____

(9) LOCATION OF WELL by legal description:
 County BAKER Latitude _____ Longitude _____
 Township 75 N or S Range 39E E or W. WM. 0
 Section 29 SE 1/4 NE 1/4
 Tax Lot 4200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

STATIC WATER LEVEL:
 _____ ft. below land surface. Date 6-21-91
 _____ lb. per square inch. Date _____

(10) WATER BEARING ZONES:
 Depth at which water was first found 3'

From	To	Estimated Flow Rate	SWL
3	5	6-8 - ?	14
193	194		14
199	201		14
215	253		14
276	281		14

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
CLAY + GRAVEL	5	193	1
GRAVEL	193	194	
GRAVEL + CLAY	194	199	
GRAVEL	199	201	
CLAY-BROWN + GRAVEL	201	206	
CLAY-TAN + GRAVEL	206	211	
GRAVEL, some clay + tan	211	221	
Brown clay + GRAVEL	221	223	
GRAVEL	223	224	
TAN CLAY	224	226	
COURSE Red clay	226	227	
Brown clay	227	228	
GRAVEL, br. clay	228	236	
Brown clay + GRAVEL	236	243	
GRAVEL	243	246	
GRAVEL + CLAY	246	251	
GRAVEL	251	253	
GRAVEL + CLAY	253	276	
GRAVEL + Sand	276	281	
TAN CLAY + GRAVEL	281	315	

Date started 5-21-91 Completed 6-21-91

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed Waldo Lowe WWC Number 1399 Date 6-21-91

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Waldo Lowe WWC Number 1399 Date 6-21-91

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

**BAKE
2099**

NOV 1 1994

(START CARD) #

75/39E/29 (2)
14581 pg. 2

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
Name **INGRAM TRUST**
Address _____
City _____ State _____ Zip _____

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/reconditioning)

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

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

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

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

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From		To		Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water _____ 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: _____

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

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

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
COURSE SAND	3/5	3/6	
SAND + CLAY	3/6	3/6	
Stop drilling well looks good, I think.			
had to pull casing AFTER trying to drill out of 12" casing. Seal was broken on old well, casing had to be pulled + start over. The hole was in bad shape from air drilling. A lot of caving of loose gravel. The top of well was very loose, wouldn't stay open for 7'-8" then had clay + gravel. Had to set 20" 375 wall + cement it in to stop surface water. Didn't drill first 215' of hole. hook at 1yr. old well log for reference. Old well had 300 GPA's New			
Date started	WELL 1,000 GPA	Completed	

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed **Wallo Lorne** WWC Number **1399** Date **6-21-91**

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed **Wallo Lorne** WWC Number **1399** Date **6-21-91**

