

RECEIVED JUN - 2 1995 8s/39e/8
RECEIVED APR 13 1995 WATER RESOURCES DEPT. (START CARD) # 156708

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

8
 BAKE
 2/29

WATER RESOURCES DEPT.
 SALEM, OREGON

(1) OWNER: Well Number _____
 Name Tom Brook
 Address FT 1 Box 90
 City Haines State OR Zip 97857

(9) LOCATION OF WELL by legal description:
 County Bull Latitude _____ Longitude _____
 Township 8 S N or S. Range 39 E E or W. WM. _____
 Section 8 1/4 _____ 3/4 _____
 Tax Lot 2800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) same above

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon
 (3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other _____

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 3-28-95
 Artesian pressure _____ lb. per square inch. Date _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____
 (5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 270 ft.
 Explosives used Yes No Type _____ Amount _____

(11) WATER BEARING ZONES:
 Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
/			

HOLE Diameter	From To		Material	SEAL From To		Amount sacks or pounds
10	220	270				

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 _____

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
/			

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				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"/>
				<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"/>
				<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:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	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
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
800		270	1 hr.

Date started 3-28-95 Completed 3-28-95
 (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 Carl P. Stuber WWC Number 494
 Date 3-28-95

Temperature of Water 49 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: _____

(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 Carl P. Stuber WWC Number 494
 Date 3-28-95