BAKE
50031

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

(START CARD) # 68444

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

(1) OWNER: Well Number _____
Name Louise Sly
Address Rt. 1 Box 35
City Halfway State OR Zip 97834

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval [ ] Yes [X] No Depth of Completed Well 81 ft.
Explosives used [ ] Yes [X] No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	19'	Cement	10'	19'	3 bags
			Holeplug	0	10'	6 bags
8"	19'	78'	cement	40'	50'	
5 1/2"	78'	81'				

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other Lower seal pumped out through perforations
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:	6	+2	78	.250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) 5 1/2" I.D. shoe @ 78'

(7) PERFORATIONS/SCREENS:
[X] Perforations Method Downhole
[ ] Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
42'	47'	1/8 x 1"	100			[X]	[ ]
60'	63'	1/8 x 1"	90			[X]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [ ] Air [X] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20			1 hr.

Temperature of water 48°F 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 Baker Latitude _____ Longitude _____
Township 7S N or S Range 45E E or W. WM.
Section 36 SW 1/4 SW 1/4
Tax Lot 1700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Ryall Rd. Halfway, OR

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure 5 lb. per square inch. Date 11/13/95

(11) WATER BEARING ZONES:
Depth at which water was first found 15' ±

From	To	Estimated Flow Rate	SWL
15'		5	2
55'	60'	10	
65'	80'	100	+5 PSI

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil	0	2'	
Clay	2'	13'	
S&G w/ Clay	13'	55'	2
S&G w/ silt	55'	65'	
S&G	65'	80'	+5 PSI
Clay	80'	81'	

RECEIVED
DEC - 6 1995
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 11/6/95 Completed 11/13/95

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number 1312
Signed G. D. Pul Date 11/21/95

(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.
WWC Number 494
Signed Carl Peiter Date 11-23-95

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER