

# RECEIVED

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

BAKE 50061 APR 24 1996

(START CARD) # 84877

Instructions for completing this report are on the last page of WATER RESOURCES DEPT.

(1) OWNER: Well Number SALEM OREGON

Name BOB ALLEN  
Address RT. 1 Box 95  
City HAINES State OR. Zip 97833

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

(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 280 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
14"	0	20	Bent.	0	20	20	
10"	20	285					

How was seal placed: Method  A  B  C  D  E  
 Other Dry Bentonite 76  
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: 10"	2 1/2	278	350	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 278 1/2

(7) PERFORATIONS/SCREENS:

Perforations Method Slotted Pipe  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele. pipe size	Casing	Liner
60	278	1"	5280	1/4	10"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
800	280	280	1 hr.
800	280	280	23

Temperature of water 56 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: 20-21

(9) LOCATION OF WELL by legal description:  
County Baker Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 8 N or S Range 39 E or W. WM.  
Section 9 SW 1/4 NW 1/4  
Tax Lot 300 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) BROWN LANE

(10) STATIC WATER LEVEL:  
17 ft. below land surface. Date 4-5-96  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 20

From	To	Estimated Flow Rate	SWL
20	21	10	17
183	185	100	17
242	245	150	17
262	264	150	17
280	285	200	17

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
SOIL	0	8	
Lg Rock	8	9	
clay + sand + GRAVEL	9	20	17
Lg GRAVEL	20	21	17
clay + sand + GRAVEL	21	160	
BR. CLAY	160	164	
clay + sand + GRAVEL	164	183	
SAND	183	185	
clay + sand + GRAVEL	185	242	
Lg. GRAVEL	242	245	
clay + sand + GRAVEL	245	262	
Ls. GRAVEL	262	264	
clay + sand + GRAVEL	264	272	
Ls. GRAVEL	272	275	
clay + sand + GRAVEL	275	280	
Lg. GRAVEL	280	285	17

NOTE: ALL clay + sand + GRAVEL CONTAINS WATER SOME AS MUCH AS 100 PIA 20'

Date started 3-5-96 Completed 4-5-96

(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 \_\_\_\_\_ Date \_\_\_\_\_ WWC Number \_\_\_\_\_

(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 Robert D. Maynard WWC Number 1655 Date 4-19-96