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WELL I.D.# L11866

bake
50159

APR 22 1997

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

(START CARD) # 096246

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

SALEM, OREGON

(1) OWNER: Well Number _____
Name Keith & Karen Haines
Address 214 SE Frank Dr
City John Day State OR Zip 98825

(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 160 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>10</u>	<u>0</u>	<u>80</u>	<u>Bentlomite</u>	<u>0</u>	<u>80</u>	<u>10 sacks</u>
<u>6</u>	<u>80</u>	<u>160</u>				

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

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: <u>6"</u>	<u>0</u>	<u>160</u>	<u>250</u>	☒	☐	☒	☐
Liner:		<u>NONE</u>		☐	☐	☐	☐

Final location of shoe(s) 160 6" Ring bit shoe

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>120</u>	<u>140</u>	<u>1/2 x 2</u>	<u>60</u>	<u>6"</u>	<u>6"</u>	☒	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>22</u>		<u>143</u>	<u>1 hr.</u>

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: _____

(9) LOCATION OF WELL by legal description:

County Baker Latitude _____ Longitude _____
Township 8S N or S Range 38E E or W. WM.
Section 15 NE 1/4 NE 1/4
Tax Lot 204 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Running Iron Rd off Birch Dier Rd

(10) STATIC WATER LEVEL:

40 ft. below land surface. Date 4-14-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 135'

From	To	Estimated Flow Rate	SWL
<u>135</u>	<u>142</u>	<u>22</u>	<u>40</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>Brown Clay Gravel</u>			
<u>Boulders</u>	<u>0</u>	<u>80</u>	
<u>Clay with Gravel</u>	<u>80</u>	<u>87</u>	
<u>Clay with Gravel Boulders</u>	<u>87</u>	<u>131</u>	
<u>Gravel same Clay</u>	<u>131</u>	<u>142</u>	<u>40</u>
<u>Brown Clay & Gravel</u>	<u>142</u>	<u>140</u>	

Date started 4-11-97 Completed 4-14-97

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

WWC Number 415
Signed Robert V. Stoffel Date 4-14-97