

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

Bake
50193

JUN 13 1997

(START CARD) # 68474

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

WATER RESOURCES DEPT.

SALEM, OREGON

(1) OWNER: Well Number _____
Name Doug PARKER
Address RT 1 Box 10 D
City Haines State OR Zip 97833

(9) LOCATION OF WELL by legal description:
County BAKER Latitude _____ Longitude _____
Township 8S N or S Range 39E E or W. WM.
Section 18 NE 1/4 SE 1/4
Tax Lot 201 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same

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

(10) STATIC WATER LEVEL:
60 ft. below land surface. Date 5-7-97
Artesian pressure _____ lb. per square inch. Date _____

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

(11) WATER BEARING ZONES:
Depth at which water was first found 40

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 140 ft.
Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
<u>120</u>	<u>40</u>	<u>20+</u>	<u>29</u>

HOLE		SEAL		Sacks or pounds
Diameter	From To	Material	From To	
<u>10</u>	<u>0</u> <u>19</u>	<u>Bestonite</u>	<u>0</u> <u>19</u>	
<u>2 1/2</u>	<u>19</u> <u>140</u>			

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

(12) WELL LOG:
Ground Elevation _____

Diameter	From	To	Gauge	Steel				Threaded
				Plastic	Welded	Plastic	Welded	
Casing:				<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"/>

Material	From	To	SWL
<u>Soil</u>	<u>0</u>	<u>5</u>	
<u>Sand clay gravel</u>	<u>5</u>	<u>40</u>	
<u>Sand gravel clay</u>	<u>40</u>	<u>46</u>	<u>29</u>
<u>Sand gravel clay gravel</u>	<u>46</u>	<u>120</u>	<u>60</u>
<u>Sand gravel little clay</u>	<u>120</u>	<u>140</u>	<u>60</u>

Final location of shoe(s) 140

7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____
From _____ To _____ Slot size _____ Number _____ Diameter _____ Tele/pipe size _____ Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 20+ Drawdown _____ Drill stem at _____ Time 1 hr.

Date started 5-6-97 Completed 5-7-97

Temperature of water 55 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: _____

(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 Coel Pitcher WWC Number 494 Date 5-7-97

(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 Coel Pitcher WWC Number 494 Date 5-7-97