

RECEIVED

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

DEC 16 1997

WELL I.D.#

L18866

(START CARD) # 098409

bake  
50406

Instructions for completing this report are on the last OREGON Form.

(1) OWNER:

Name Joseph A Bigelow  
Address P.O. Box 191  
City Haines State OR. Zip 97833

Well Number #2

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

HOLE

SEAL

Diameter	From	To	Material	From	To	Seals or pounds
<u>14</u>	<u>0</u>	<u>20</u>	<u>Bent.</u>	<u>0</u>	<u>18</u>	<u>21</u>

How was seal placed: Method  A  B  C  D  E

Other Day Bentonite 3/8

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>10"</u>	<u>+2</u>	<u>18</u>	<u>.250</u>	<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) 18.5 open shoe

(7) PERFORATIONS/SCREENS:

Perforations Method open end casing

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>4</u>	<u>20</u>	<u>20</u>	<u>1 hr.</u>

Temperature of water 53 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 8 N or S Range 39 E or W. WM.  
Section 5 SW 1/4 NW 1/4  
Tax Lot 1101 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) PaceHanta RD.

(10) STATIC WATER LEVEL:

7 ft. below land surface. Date 11-13-97  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 8

From	To	Estimated Flow Rate	SWL
<u>8</u>	<u>9</u>	<u>4</u>	<u>7</u>

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>Soil</u>	<u>0</u>	<u>4</u>	
<u>Soil + Gravel</u>	<u>4</u>	<u>8</u>	
<u>Gravel</u>	<u>8</u>	<u>9</u>	<u>7</u>
<u>Clay + Gravel</u>	<u>9</u>	<u>20</u>	

Temporary  
Abandonment  
will complete  
at later date

Date started 11-12-97 Completed 11-13-97

(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 1655

Signed Robert D. Mays Date 12-9-97