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MAY 20 1998

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

WELL I.D.#

WATER RESOURCES DEPT. (START CARD) # 098290

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

(1) OWNER:

Name Joe A Bigelow Well Number 42
Address P.O. Box 191
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 205 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	20	220				

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	10"	20	198		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____
Final location of shoe(s) 198

(7) PERFORATIONS/SCREENS:

Perforations Method Holtz P.G.F.
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
65	198	1/4"	3360	3/8"	10"	<input checked="" 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
1000+-	200	200	1 hr.

Temperature of water 54 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) Pocahontas RD.

(10) STATIC WATER LEVEL:
2.5 ft. below land surface. Date 5-1-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 65

From	To	Estimated Flow Rate	SWL
65	70	350	2.5
120	140	150	2.5
142	147	200	2.5
195	220	250	2.5

(12) WELL LOG:

Material	From	To	SWL
Brown Clay + Sand	20	65	2.5
Rock + Gravel + Sand	65	70	
Sand + sm. Gravel (+ Br. Clay)	70	118	
Brown Clay + Sand	118	120	
Sand + sm. Gravel (+ Br. Clay)	120	140	
Brown Clay + Sand	140	147	
Sand + sm. Gravel	142	147	
Sand + sm. Gravel	147	194	
+ Brown Clay			
Brown Clay	194	195	
Sand + sm. Gravel	195	220	2.5

Date started 4-17-98 Completed 5-1-98

(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 _____ WWC Number _____ 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.
Signed Robert M. Maynard WWC Number 1655 Date 5-15-98