

bake
50455

BAKE 50455

Replaced by L-116319

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

WELL I.D. # L 0000064 LOST!
START CARD # 103437

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

(1) OWNER: Well Number _____
Name TIM KERNS
Address 45917 Quail Rd.
City HAINES State OR Zip 97133

(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 320 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL	
Diameter	From To	Material	From To Sacks or pounds
16	0 18	Bentonite	18 27
11 1/2	18 320		

How was seal placed: Method A B C D E
 Other pooured dry
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	+1 320	250	<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) 320

(7) PERFORATIONS/SCREENS:

Perforations Method Hot
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
50	320	6	4000	10		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
250			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 23 N or S Range 39E E or W. WM.
Section 1 54 1/4 SE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1/4 mi SW of 45801 School House Rd. Haines OR 97133

(10) STATIC WATER LEVEL:
32 ft. below land surface. Date 7-3-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 50

From	To	Estimated Flow Rate	SWL
50	60	50	32
100	110	50	32
160	320	200 + or -	32

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil	0	19	
Soil @ 0 ft. + clay	19	50	32
Soil @ 50 ft. + bit. clay	50	60	32
Soil @ 60 ft. + clay	60	100	32
Soil @ 100 ft. + bit. clay	100	110	32
Soil @ 110 ft. + gravel	110	300	32
Large gravel + 50% calc. chert	300	320	32

RECEIVED

JUL 27 1998

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6-25-98 Completed 7-3-98
(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 Carl Peter WWC Number 494 Date 7-16-98

(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 Carl Peter WWC Number 494 Date 7-16-98