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

JUL 21 1999 *bake*
50629

(START CARD) # *097123*

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

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER:

Name *Allen Farms Inc.*
Address *44821 Locahantas Rd.*
City *Haines* State *Ore.* Zip *97033*

Well Number *L11022*

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other *Reverse Rotary*

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well *380'*
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
<i>28"</i>	<i>0</i>	<i>390'</i>	<i>5" Grout</i>	<i>0</i>	<i>50'</i>	<i>2500#</i>	

How was seal placed: Method A B C D E

Other *Overbore flow*
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from *50'* ft. to *390'* ft. Size of gravel *3/8"*

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	<i>16"</i>	<i>71.5'</i>	<i>90'</i>	<i>.375</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<i>16"</i>	<i>320'</i>	<i>380'</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) *N/A*

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type *Wire wrap* Material *Mild Steel*

From	To	Slot size	Number	Diameter	Tele. pipe size	Casing	Liner
<i>20'</i>	<i>320'</i>	<i>.090</i>		<i>16"</i>		<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
<i>(300) (150?)</i>	<i>150'</i>	<i>Well</i>	<i>2 hr.</i>

Temperature of water *59°* 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: _____

1300 G.P.M. 150' Drawdown

(9) LOCATION OF WELL by legal description:

County *Baker* Latitude _____ Longitude _____
Township *8* N or Range *39* or W. WM.
Section *9* *SE* 1/4 *NW* 1/4
Tax Lot *300* Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) *Brown lane*

(10) STATIC WATER LEVEL:

15' ft. below land surface. Date *7-12-99*
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found *15'*

From	To	Estimated Flow Rate	SWL
<i>N/A with Reverse Circ. Drilling.</i>			

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<i>Top Soil</i>	<i>0</i>	<i>4'</i>	
<i>Sand & Gravel</i>	<i>4'</i>	<i>21'</i>	
<i>Ben. Clay str. Gravel</i>	<i>21'</i>	<i>28'</i>	
<i>Gravel & Clay</i>	<i>28'</i>	<i>34'</i>	
<i>Ben Clay</i>	<i>34'</i>	<i>51'</i>	
<i>Sand & Gravel & Clay</i>	<i>51'</i>	<i>365'</i>	
<i>Ben Clay</i>	<i>365'</i>	<i>380'</i>	

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SEP 23 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Date started *6/30/99* Completed *7-12-99*

(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 *[Signature]* WWC Number *1506*
Date _____