

BAKE
50634

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JUL 28 1999

#G-13102

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 21265
START CARD # 106425

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

(1) OWNER: Well Number _____
Name DAVID BIRD
Address Rt 1 Box 265
City Halfway State OR Zip 97134

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
18	0	22	Cement	0	22	1510
14	0	117	Bentonite	22	117	1050
12	117	128	Cement	0	128	4700
12	128	135	Bentonite	128	135	667

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12	1	117	1250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	1.5	300	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4.5	290	330		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 12"-117 8"-300

(7) PERFORATIONS/SCREENS: Method Steel / PVC / Saw

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
180	200	1/8" x 1	800	8	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
240	285	1/8" x 1	1000	8	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
Yield gal/min 200+ Drawdown _____ Drill stem at _____ Time 6 1 hr.
pump 275 55 333 4

Temperature of water 52 Depth Artesian Flow Found _____
Did any strata contain water not suitable for intended use? Yes By whom _____
 Too little
Salty Murky Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County BAKER Latitude _____ Longitude _____
Township 8S N or S Range 46 or W. WM.
Section 15 SW 1/4 NE 1/4
Tax Lot 7900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 45843 CORNER HALFWAY

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 3-20-99
Artesian pressure _____ lb. per square in. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 46'

From	To	Estimated Flow Rate	SWL
46	108	100	6
171	187	50	10
246	275	200	10
305	310	50	10
325	333	50	10

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	4	
BOLDERS, SAND-CLAY	4	40	
BROWN CLAY	40	46	
BOLDERS, SAND, GRAVEL	46	108	10'
BOLDERS, BROWN CLAY	108	111	
BROWN CLAY	111	136	
SAND-GRAVEL, + BOLDERS	136	333	10'

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SALEM, OREGON

Date started 2-10-99 Completed 4-5-99

(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 [Signature] 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 682 Date 7-22-99