

RECEIVED

BAKE
50635 JUL 28 1999
WATER RESOURCES DEPT.
SALEM, OREGON

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

WELL I.D. # L 21262
START CARD # 66489

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

(1) OWNER: Well Number 1
Name Gordon Summers
Address 39320 Buchanan Loop
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 430 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12	0	125	Cement	0	125	36666
8	125	430	Bentonite	0	30	1950

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other Bentonite
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	8"	1	260	.250	☒	☐	☒	☐
	6"	1.5	425	.248	☒	☐	☒	☐

Liner:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 8"-260, 6"-425

(7) PERFORATIONS/SCREENS:									
☒ Perforations		Method <u>Down Hole</u>							
☐ Screens		Type _____		Material _____					
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner		
305	314	1/8x1	96	6	PR	☒	☐		
332	350	1/8x1	292	6	PR	☒	☐		
380	395	1/8x1	280	6	PR	☒	☐		
404	320	1/8x1	210	6	PR	☒	☐		

(8) WELL TESTS: Minimum testing time is 1 hour				
☒ Pump	☐ Bailer	☒ Air	☐ Flowing	☐ Artesian
Yield gal/min	Drawdown	Drill stem at	Time	
AIR 250+		425	6.5	1 hr.
pump 150	110		4	

Temperature of water 52 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 46 E or W. WM.
Section 5 NW 1/4 NW 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Goodman Saw Lane - Halfway

(10) STATIC WATER LEVEL:
55 ft. below land surface. Date 3/4/99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 30'

From	To	Estimated Flow Rate	SWL
30	48	500	20
315	430	250	55

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP Soil	0	2	
Boulders, Sand + Gravel	2	48	20
Brown Clay	48	56	
SILT, CLAY, Boulders	56	120	
Brown Clay	120	131	
(SILT, CLAY, Boulders)			
(TIGHT CLAY)	131	280	
Sand, Silty Boulders	280	430	55

Date started 10-8-98 Completed 1-16-99
(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 _____