

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

BAKE
50636

JUL 28 1999

G-13271

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 21263
START CARD # 60485

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

(1) OWNER: Well Number 2
Name Gordon Summers
Address 39370 Buchanan Loop
City Halfway State OR Zip 97834

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
110	0	99	Cement	99	16	2820
10	99	263	Bentonite	16	0	1800

How was seal placed: Method A B C D E

Backfill placed from 0 ft. to 16 ft. Material Bentonite
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 12	0	99	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	0	263	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) 12" 99' 10" 263'

(7) PERFORATIONS/SCREENS:

Perforations Method Down Hole
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele./Pipe size	Casing	Liner
140	160	1/8 x 1	450	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
160	180	1/8 x 1	450	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
200	215	1/8 x 1	760	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
225	240	1/8 x 1	1140	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 150 Drawdown _____ Drill stem at 263 Time 12 1 hr.

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 16 NW 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hwy 816 Halfway

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 12-23-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 52

From	To	Estimated Flow Rate	SWL
30	52	300	15
147	263	150	30

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	4	
Brown Silty Clay	4	11	
Boulders, Gravel, Silt	11	52	15
Brown Clay	52	55	
Boulders, Gravel, Silt, Fish	55	88	
Brown clay	88	107	
Silt Sand Boulders	107	263	30

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AUG 30 1999

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SALEM, OREGON

Date started 11-23-98 Completed 12-23-98

(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 [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