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STATE OF OREGON

OCT 20 1999

FEB 23 2000

WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D.# L1532

WATER RESOURCES DEPT.
SALEM, OREGON

84922

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

(1) OWNER:

Well Number _____
Name James G. Aldrich
Address P.O. Box 253
City North Powder State OR Zip 97867

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
14"	0 22	Bentonite	0 22	24	sacks
10"	22 150				

How was seal placed: Method A B C D E
 Other Poured 3/8" bentonite
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	131	.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) 131

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
400		150	1 hr.

Temperature of water 55° 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 7S N or S Range 38E E or W. WM.
Section 36 NW 1/4 NE 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) N. Rock Creek Lane
Haines, OR 97833

(10) STATIC WATER LEVEL:

35 ft. below land surface. Date 2-26-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 95

From	To	Estimated Flow Rate	SWL
95	130	200	35
130	150	200	35

(12) WELL LOG:

Material	From	To	SWL
Clay soil	0	2	
Gravel	2	15	
Clay & gravel	15	20	
Clay	20	25	
Clay & gravel	25	43	
Sandy gravel & clay	43	70	
Sandy gravel	70	95	
Gravel with some clay	95	130	WB
Cobbles & gravel	130	150	WB

Date started 2-18-98 Completed 2-26-98

(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 _____ 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 Peterson Walker WWC Number 1218 Date 3-16-98