

RECEIVED

BAKE 50701
BAKE 50701

JAN 10 2000

Replaced by: L-116319

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

WELL I.D. # L 000064 LOST!
START CARD # 116089

WATER RESOURCES DEPT.
SALEM, OREGON

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

(1) OWNER: Well Number _____
Name Tim KERNS
Address 45917
City Hains State OR Zip 97833

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
9"	320	471				

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 <u>10</u>	<u>320</u>	<u>322</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 322

(7) PERFORATIONS/SCREENS:

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____ 1 hr.
Temperature of water _____ 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 85 N or S Range 38 (E) or W. WM.
Section 1 SW 1/4 SE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) School House Rd, Hains OR, 97833

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>GRAVEL</u>	<u>320</u>	<u>322</u>	
<u>BR Clay w/ trace of Gravel</u>	<u>322</u>	<u>331</u>	
<u>Bp Clay + Pink Clay</u>	<u>331</u>	<u>337</u>	
<u>COARSE GRAVEL w/ BR Clay</u>	<u>337</u>	<u>341</u>	
<u>Tan Clay</u>	<u>341</u>	<u>352</u>	
<u>BR Clay w/ Sand</u>	<u>352</u>	<u>356</u>	
<u>Hard Sand + BR Clay</u>	<u>356</u>	<u>358</u>	
<u>Tan Clay</u>	<u>358</u>	<u>388</u>	
<u>Tan Clay + GRAVEL</u>	<u>388</u>	<u>398</u>	
<u>GRAVEL Sand + BR Clay</u>	<u>398</u>	<u>404</u>	
<u>BR Clay</u>	<u>404</u>	<u>471</u>	

Date started Dec - 3, 1999 Completed Dec, 18, 1999
(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 Judy Hays WWC Number 1669 Date Jan 5, 00
(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 Judy Hays WWC Number 1669 Date 1-5-00