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

WELL I.D. # L 15324
START CARD # 121550

WATER RESOURCES DEPT.
SALEM, OREGON

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 255
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 265 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	155	265	N/A			

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: 10"	155	265	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) 265

(7) PERFORATIONS/SCREENS:

Perforations Method Hotte factory perforator
 Screens Type _____ Material Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
205	265	3/8 x 3	5 rods	10"	10"	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>(Prev. perforated, driven to bottom)</i>							
215	265	3/8 x 2	9 rods	10"	10"	<input checked="" type="checkbox"/>	<input type="checkbox"/>
105	155	3/8 x 2	8 rods	10"	10"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
400+		265	<input checked="" type="checkbox"/> Air <input type="checkbox"/> Artesian	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 10-19-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 222

From	To	Estimated Flow Rate	SWL
115	155	150	35
222	227	50	35
248	258	150	35

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown clay & boulders	155	222	
Gravel, multi-colors	222	227	WB
Sandy brown clay & boulders	227	248	
Gravel & brown sand	248	258	WB
Brown sand & boulders	258	265	

Recondition & deepening procedure:
Fished 20 ft. in liner out of hole. Deepened hole to 265 ft. Added 110 ft. of 10" casing to 265 ft. Appeared perforated casing was bending in at 207 to 217 ft.

Date started 10-11-99 Completed 10-19-99

(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 Jody L Carpenter WWC Number 1669
Paul P.W. Date 10-19-99

(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 Patrick Waller WWC Number 1218
Date 11-5-99