

JUN 29 2001

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WATER RESOURCES DEPT.

Instructions for completing this report are on the back of this form.

WELL I.D. # L 41355
START CARD # 128591

(1) OWNER: Well Number #1
Name CAL WORTHINGTON
Address 44871 DOCAHONTAS RD
City HAINES 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 REVERSE ROTARY

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 273 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
28"	0	220	BENTONITE 5%	0	30	7500*	
23"	220	275					

How was seal placed: Method A B C D E
 Other OVER BORE

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 30 ft. to 275 ft. Size of gravel 3/8" MINUS

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	2	105	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	135	155	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	265	273	.375	<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) NONE

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type WIRE WRAP Material M.S.

From	To	Slot size	Number	Diameter	Tele pipe size	Casing	Liner
165	135	.035		16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
155	265	.035		16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500		220'	1 hr.

Temperature of water 59° 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 7 N or S Range 39 E or W. WM.
Section 14 SE 1/4 SE 1/4
Tax Lot 2300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) MONROE LANE

(10) STATIC WATER LEVEL:
24 ft. below land surface. Date 6-2-01
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
ALL SANDS + GRAVELS			
BELOW 24 ft			

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	6	
BRN CLAY	6	32	
FINE-COARSE SAND	32	39	
LE BRN CLAY, IMBEDDED GRAVEL	39	57	
FINE-COARSE SAND, BEA GRAVEL	57	61	
CLAY w/ SAND MIX	61	80	
FINE-COARSE SAND, SM GRAVEL	80	90	
BRN CLAY	90	102	
FINE-COARSE SAND, SM GRAVEL	102	111	
BRN CLAY, SOME SAND	111	113	
FINE-COARSE SAND, SM GRAVEL	113	136	
BRN CLAY, SOME SAND	136	153	
FINE-COARSE SAND GRAVEL	153	193	
BROKEN ROCK SOME RED CLAY MIX	193	223	
SAND GRAVEL BLACK ROCK	223	226	
BROKEN LAVA w/ CLAY STREAKS	226	275	

Date started 5/21/01 Completed 5/30/01

(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.
WWC Number _____
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.
WWC Number 1506
Signed _____ Date 6-27-01