

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

SEP 13 2001

BAKE
 50864

WELL I.D. # L 50852
 START CARD # 141995

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

(1) LAND OWNER DAVID ANDERSON Well Number _____
 Name _____
 Address 15027 S. ROCK CR LN
 City HAINES State OR Zip 97333

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____
RECEIVED
 DEC 24 2001

(4) PROPOSED USE:
 Domestic Community Industrial WATER RESOURCES DEPT. SALEM, OREGON
 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
16"	0	20	BENTONITE	0	19
10"	20	265			55 SACKS

How was seal placed: Method A B C D E
 Other POURED DRY

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"	+2	260	.25	<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"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 260

(7) PERFORATIONS/SCREENS:
 Perforations Method HOLTE
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100	260	1"x1/4"	4000	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
75	95	1"x1/4"	500	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 500 Drawdown _____ Drill stem at 255 Time 1 hr.

Temperature of water 50° 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 of Range 39 E of W. WM.
 Section 31 SW 1/4 5E 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) SAME - ACROSS STREET FROM ROCK CR SCHOOL

(10) STATIC WATER LEVEL:
39 ft. below land surface. Date 9-5-01
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
75	95	60 GPM	39
105	220	450 GPM	5
230	265	10 GPM	38

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	4	
SAND & GRAVEL w/	4	-	
SILTY CLAY	-	11	
SILTY CLAY w/	11	-	
SAND & GRAVEL	-	28	
COBBLE & CLAY	28	-	
1/2 SAND & GRAVEL	-	55	
SILTY CLAY & SAND	55	-	
1/2 GRAVEL	-	75	
COBB. 1/2 GRAV & SAND	75	95	39
SILTY CLAY SAND & GRAVEL	95	-	
GRAV. 1/2 COBB & SAND	105	155	
SAND 1/2 CLAY & GRAV	155	180	
SAND & GRAVEL	180	220	
SAND & CLAY 1/2 GRAV	220	230	
SAND & GRAV w/	230	-	
CLAY	-	265	38

Date started 8-31-01 Completed 9-5-01

(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.
 Signed _____ 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 1775 Date 9-5-01