

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

NOV 02 2001

Bake 50886

WELL I.D. # L 50692
START CARD # 128593

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

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER:

Name Ed & Anice Hawthorn
Address 114237 Rockhill Rd.
City Hained State OR Zip 97833

Well Number L50692

(9) LOCATION OF WELL by legal description:

County Bake Latitude _____ Longitude _____
Township 7 N or S Range 39 E or W. WM.
Section 32 SW 1/4 SW 1/4
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Anthony Lakes Hwy

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

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
210"	0	280	Bent. 5/8	0	50	10,000
						5 ¹ / ₂ Bent.

How was seal placed: Method, A B C D E
 Other Overburden & Down

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 50 ft. to 280 ft. Size of gravel 3/8"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10"	72	80	32ST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
110"	210	210	32S	<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)

(7) PERFORATIONS/SCREENS:

Perforations Method Shrouded Wire Wrap
 Screens Type Mild Steel Material MS

From	To	Slot size	Number	Diameter	Tele. pipe size	Casing	Liner
80	200	.030		110"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
210	280	.030		110"		<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 _____
200 80 250' 2hr.

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: _____

(10) STATIC WATER LEVEL:

28.7' ft. below land surface. Date 10/2/01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	7	
Sand & Gravel	7	12	
Brown Clay	12	13	
Sand & Gravel	13	38	
Brown Clay	38	55	
Sand & Gravel	55	68	
Brown Clay	68	69	
Sand & Gravel	69	77	
Brown Clay	77	78	
Sand, gravel & some clay	78	108	
Brown Clay	108	124	
Sand, gravel & some clay	124	176	
Brown Clay	176	186	
Sandy Brown Clay & Loam Sand	186	228	
Brown Clay	228	229	
Brown Clay & gravel mix	229	234	
Sand & Gravel	234	281	
Brown Clay	281	286	

Date started 9-22-01 Completed 10-12-01

(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 [Signature] WWC Number 1764
Date 10-31-01

(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 1506
Date 10-30-01