

AUG 14 2002

STATE OF OREGON
 WATER SUPPLY WELL REPORT WATER RESOURCES DEPT.
 (as required by ORS 537.765) SALEM, OREGON

WELL ID. # L 57761
 START CARD # 137276

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

(1) LAND OWNER Well Number _____
 Name JERRY WELCH
 Address PO BOX 12101
 City TACOMA State WA Zip 98412

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16"	0	28	CEMENT	0	28	12 SACKS
			BENTONITE	0	20	36 SACKS
12"	28	333				

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:

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	12"	12	300	.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) 300

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	260	1x1/4	800	12"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
290	300	1x1/4	400	12"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
500+ _____ 325' _____ 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 or S Range 38 E or W. WM.
 Section 13 NE 1/4 NW 1/4
 Tax Lot 2900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 48260 WELCH RD HAINES, OR 97833

(10) STATIC WATER LEVEL:
28' ft. below land surface. Date 8-3-02
 Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
58	193	400 GPM	28
210	249	200 GPM	28
288	333	130 GPM	28

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
SOIL	0	3	
BROWN CLAY	3	58	
COARSE SAND &	58	-	28
GRAVEL	-	80	
SILTY CLAY w/ SAND &	80	-	
GRAVEL	-	97	
COARSE SAND w/ GRAVEL	97	145	
GRAVEL w/ SILTY CLAY	145	153	
SAND w/ GRAVEL	153	-	
& SOME CLAYS	-	193	
SILTY CLAY & SAND	193	210	
SAND w/ GRAVEL	210	236	
CEMENTED SAND	236	-	
w/ CLAY	-	240	
SAND	240	249	
CEMENTED SAND &	249	-	
CLAY	-	288	
SAND & GRAVEL	288	302	
SAND STONE	302	333	28

Date started 7-29-02 Completed 8-3-02

(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 1715
 Signed [Signature] Date 8-3-02