

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

WELL I.D. # L 61766
 START CARD # 153887

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

(1) LAND OWNER Allen Farms Well Number _____
 Name Allen Farms
 Address 44 2nd Pacaham-Las Rd
 City Haines State OR Zip 97835

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
8	182	502	N/A			
6	502	520				

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

Backfill placed from _____ ft. to N/A Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8	182	502	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:			<u>NONE</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
300	400	5/8"	2000	8	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
440	480	5/8"	2000	8	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 600 Drawdown _____ Drill stem at _____ Time 2 hr.

Temperature of water 52° 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 8.5 N or S Range 39E E or W. WM.
 Section 17 SW 1/4 NW 1/4
 Tax Lot 3700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Co Rd 805
Haines OR

(10) STATIC WATER LEVEL:
65 ft. below land surface. Date 3-12-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 300

From	To	Estimated Flow Rate	SWL
300	520	300	65

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Brown Clay Gravel	300	330	
Cemented Gravel w/ Clay Sand	330	370	
Brown Clay Gravel	370	400	
Brown Clay	400	420	
Cemented Gravel	420	440	
Brown Clay	440	470	
Brown Clay Gravel	470	500	65

RECEIVED

MAR 27 2003

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 3-16-03 Completed 3-12-03

(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 Michael J. N... WWC Number 1737 Date 3-24-03

(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 Robert Stoffel WWC Number 410 Date 3-24-03