

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

(1) LAND OWNER Well Number _____
Name Allen Farms Inc
Address 44821 Pocahontas Rd
City Haines State OR Zip 97822

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

HOLE		SEAL	
Diameter	From To	Material	To Sacks or pounds
8"	292 502	N/A	
6"	502 640		

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

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8"	292	502	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>NONE</u>							

Drive Shoe used Inside Outside None
Final location of shoe(s) 8" 502

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
300	500	5x2	5000	8"	8"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
300 _____ 635 2 hr.

Temperature of water 57° 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: _____

Bake
51045

WELL I.D. # L 41357 61770 New Number Old Number
START CARD # 153 R88

(9) LOCATION OF WELL by legal description:
County Baker Latitude _____ Longitude _____
Township 7S N or S Range 39E E or W. WM.
Section 13 SW4 NW 1/4
Tax Lot 2300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) CONROE LANE
HAINES OR

(10) STATIC WATER LEVEL:
29 ft. below land surface. Date 3-7-03
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	640	300	29

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Decomposed Basalt with Clay seams	300	350	
Soft Brown Clay Rock	350	370	
Fractured Basalt	370	440	
Fractured Green Rock	440	460	
Brown Orange Rock	460	470	
Decomposed Gneiss	470	502	
Brown Basalt	502	560	
Fractured Black Basalt	56	630	
Soft Orange Rock	630	640	29

RECEIVED

MAR 27 2003

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 3-3-03 Completed 3-7-03

(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. [Signature] 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 J. Stoffel WWC Number 415 Date 3-24-03