

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.

WELL I.D. # L 68672

START CARD # OK 17398 new
162423

BAKESIZIS

(1) LAND OWNER Well Number _____
Name Allen Farms Inc
Address 44821 POCANONTAS RD
City HAINES State OR Zip 97833

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

HOLE		SEAL	
Diameter	From To	Material	Sacks or pounds
8"	228 425	N/A	

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
Casing: 8"	200	425	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	NONE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) Ring 13.7 8"

(7) PERFORATIONS/SCREENS:

Perforations Method Flir Knife Material _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
220	420	1/4x2	8000	8"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Flowing Time
1000		200	1 hr.

Temperature of water 53° 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 S N or S Range 39 E E or W. WM.
Section 8 NE 1/4 SW 1/4
Tax Lot 3200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Off Brow Rd Haines OR 97833

(10) STATIC WATER LEVEL: 1st Start 36'
26' ft. below land surface. Completion Date 4-19-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 250

From	To	Estimated Flow Rate	SWL
230	425	1000 Total	36'

(12) WELL LOG: Ground Elevation _____

Material	From	To	SWL
Clay Gravel Sand	224	240	36'
Yellow Clay Gravel	240	250	36'
Light Brown Clay Gravel	250	310	36'
Yellow Clay Gravel	310	330	36'
White Clay Gravel	330	350	36'
Brown Clay Gravel	350	425	36'

RECEIVED
APR 28 2004
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
MAY 13 2004
WATER RESOURCES DEPT
SALEM, OREGON

Date started 4-14-04 Completed 4-19-04

(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 Mohal J. J. WWC Number 1737
Date 4-29-04

(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 Rabun W. Stoffel WWC Number 415
Date 4-24-04