

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

WELL I.D. # L 75759
START CARD # 172597

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

(1) LAND OWNER Well Number _____
Name Brad Allen
Address 44821 Rockhampton Rd
City Haines State OR Zip 97823

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 705 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
			<u>N/A</u>			
<u>10</u>	<u>230</u>	<u>705</u>				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to 705 ft. Material Sw Place
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<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 _____
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
			<u>NONE</u>			<input 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 685 Time _____

Temperature of water 53° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for irrigation? Yes No
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Baker
Tax Lot 2500 Lot _____
Township 73 N or S Range 40E E or W WM
Section 19 SE 1/4 SW 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 1/2 mile off Conroy Rd Co Rd No 713

(10) STATIC WATER LEVEL
73 ft. below land surface. AWT Date 3-2-05
73 ft. below land surface. End Date 3-1-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 415

From	To	Estimated Flow Rate	SWL
<u>290</u>	<u>705</u>	<u>200 to 400</u>	<u>73'</u>

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
<u>Fractured Brown Basalt</u>	<u>230</u>	<u>290</u>	<u>73'</u>
<u>Fractured Green Gray Basalt</u>	<u>290</u>	<u>330</u>	<u>73'</u>
<u>Fractured Brown Basalt</u>	<u>330</u>	<u>350</u>	<u>73'</u>
<u>Fractured Black Basalt</u>	<u>350</u>	<u>415</u>	<u>73'</u>
<u>Blue Clay & Wood</u>	<u>415</u>	<u>600</u>	<u>73'</u>
<u>Fractured Blue Green Basalt</u>	<u>600</u>	<u>670</u>	<u>73'</u>
<u>Fractured Grey Basalt</u>	<u>670</u>	<u>705</u>	<u>73'</u>

Date Started 3-2-05 Completed 3-4-05

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 1737 Date 3-12-05
Signed Michael J. [Signature]

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 415 Date 3-12-05
Signed Robert V. Stoffel [Signature]

RECEIVED
MAR 16 2005