

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

WELL ID. # L 78284

START CARD # 141999

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

(1) LAND OWNER Well Number _____
Name **RALPH BRAZOFSKY**
Address **14952 S. ROCK CR. LN.**
City **HAINES** State **OR** Zip **97850**

(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 **295** ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
16	0	75	CEMENT	72	0	97 SACKS
10	75	295				

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

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

Casing:	Diameter	From	To	Gauge	Steel				Plastic				
					Welded	Threaded	Welded	Threaded	Welded	Threaded			
12	+1.5	71	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	+1.5	295	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) **295**

(7) PERFORATIONS/SCREENS
 Perforations Method **AIR KNIFE**
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
70	90	1X1/4	600	10		<input checked="" type="checkbox"/>	<input type="checkbox"/>
120	200	1X1/4	2400	10		<input checked="" type="checkbox"/>	<input type="checkbox"/>
240	290	1X1/4	1500	10		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
450+		290	

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 (legal description)
County **BAKER**
Tax Lot **1700** Lot _____
Township **8** S Range **39** E WM
Section **6** NE 1/4 NW 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)
Street Address of Well (or nearest address) **SAME**

(10) STATIC WATER LEVEL
20 ft. below land surface. Date **7-13-05**
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
70	98	60	20
117	153	100	/
165	205	150	/
233	295	120	20

(12) WELL LOG Ground Elevation _____

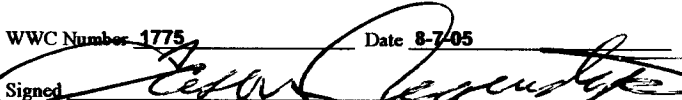
SOIL	Material	From	To	SWL
SAND & GRAVEL		0	4	
BROWN CLAY, SAND, GRAVEL		4	12	
BROWN CLAY, COBBLES,		12	27	
SAND, GRAVEL		27	-	
BLUE/GREEN CLAY, SAND		-	48	
COURSE SAND & GRAVEL		48	75	
BROWN CLAY, SAND, GRAVE		75	98	20
GRAVEL, SAND W/ COBBLES		98	117	/
BLUE CLAY, SAND, GRAVEL		117	153	/
GRAVEL, SAND		153	165	/
BROWN CLAY, SAND, GRAVEL		165	205	/
GRAVEL, SAND W/ CLAY		205	233	/
GRAVEL, SAND		233	278	/
		278	295	20

Date Started **6-2-05** Completed **7-13-05**

(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 _____ Date _____
Signed _____

(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 **1775** Date **8-7-05**
Signed 

ORIGINAL - WATER RESOURCES DEPARTMENT

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER

06/16/2004

RECEIVED

AUG 17 2005

WATER RESOURCES DEPT
SALEM, OREGON