

STATE OF OREGON
WATER SUPPLY WELL REPORT

BAKE 52265

WELL LABEL # L 109656
START CARD # 209073
ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)

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

(1) LANDOWNER Owner Well I.D.
First Name Delbert Last Name Stephens
Company _____
Address 46226 Rock Creek Town Rd.
City Haines State OR Zip 97833

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 600 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount
14	0	45	Bent.	0	45	49
10	45	300				
8	300	600				

How was seal placed: Method A B C D E
 Other 3/8 poured dry
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		10		2	298	.250	K		K	
	X	8		290	600	.250	K		K	

Shoe Inside Outside Other Location of shoe(s) 298' 600'
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Hotte Air Perf.
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
K		X		10	100	290	1/4	1	4750	10
K			X	8	300	590	1/4	1	5300	8

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
700	547	600	4hr

Temperature 56 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Baker Twp 7 N or S Range 38 E or W W.M.
Sec 25 NW 1/4 of the NW 1/4 Tax Lot 7400
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 14758 Muddy Crk Ln. Haines OR 97833

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>5-10-13</u>			<u>53</u>

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 67

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-10-13</u>	<u>100</u>	<u>590</u>	<u>600</u>			<u>53</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	3
Brown Clay	3	55
Brown Clay Gravel	55	
Decomposed Granite		65
Decomposed Granite	65	
Sand w/ pink and tan clay w/B		585
Brown Clay Soft	585	600

RECEIVED BY OWRD
JUN 13 2013
SALEM, OR
Date Started 4-18-13 Completed 5-10-13

(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.

License 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.

License Number 1816 Date 5-29-13
Signed [Signature]
Contact Info. (optional)

541-579-0618