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OCT - 7 1997

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 ID # L-15969

WATER RESOURCES DEPT (START CARD) # 97242  
SALEM, OREGON

(1) OWNER: Well Number: \_\_\_\_\_  
Name Wendall Baker  
Address 3065 Cedar Flat road  
City Williams State OR Zip 97544

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

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other pump hoist

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

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 210 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

Diameter	HOLE		Material	SEAL		Amount
	From	To		From	To	
6	0	210	N.A.			

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 4	+1	185	160		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material		Casing	Liner
					Method	Type		
185	205	12				PVC	<input type="checkbox"/>	<input type="checkbox"/>
205	210	8					<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailor  Air  Flowing  Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>N.A.</u>			

Temperature of Water \_\_\_\_\_ 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 Josephine Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 39S N or S. Range 5W E or W. of W.M.  
Section 5 SE  $\frac{1}{4}$  SW  $\frac{1}{4}$   
Tax Lot 500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_  
same as 1

(10) STATIC WATER LEVEL:  
15 ft. below land surface. Date 10/2/97  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found N.A.

From	To	Estimated Flow Rate	SWL
			<u>15</u>

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
<u>WELL WAS ORIGINALLY LOGGED AT 225', IS ACTUALLY 210';</u>			
<u>REMOVED 210' PVC LINER, REINSTALLED 185' PVC, 2.5 WELL OF PVC SCREEN.</u>			

Date started 10/2/97 Completed 10/2/97

(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 my best knowledge and belief.

Signed \_\_\_\_\_ WWC Number \_\_\_\_\_  
Date \_\_\_\_\_

(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 made to the best of my knowledge and belief.

Signed \_\_\_\_\_ WWC Number 1478  
Date 10/6/97