

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

WELL I.D. # L39283
 START CARD # 130174

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

(1) OWNER: Well Number L39283
 Name PENNIS BAKER
 Address 2399 NE HIDEAWAY LN.
 City HELMSTON State OR Zip 97838

(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 261' ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	18'	PORT.	18'	0	10
9 7/8"	18'	98'				
6"	98'	261'				

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 _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	98'	12'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 8" TUBEX SHOE - 98'

(7) PERFORATIONS/SCREENS:

From	To	Slot Size	Type	Number	Diameter	Material	Tele/pipe size	Casing	Liner
			A					<input type="checkbox"/>	<input type="checkbox"/>

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

Pump	Bailer	Air	Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
		Time	
100+		261'	<input type="checkbox"/>
100+		180'	<input type="checkbox"/>
80'		140'	<input type="checkbox"/>

Temperature of water 58°f Depth Artesian Flow _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County UMATILLA Latitude _____ Longitude _____
 Township 5 (N) or S Range 29 (E) or W. WM.
 Section 31 N/4 1/4 SW 1/4
 Tax Lot 404 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
33 ft. below land surface. Date 6-8-00
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 85'

From	To	Estimated Flow Rate	SWL
195	220	20	
240	261	100+	33'

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
SAND	0	82'	33'
GRAVEL	82'	87'	
BLK BASALT	87'	102'	
GRAY BASALT	102'	195'	
GRY W/RED W/BLK SCORIA	195'	220'	
GRAY BASALT	220'	241'	
BLK W/BR W/BLK SCORIA	241'	261'	

Date started 6-6-00 Completed 6-8-00
 (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 James H. McCurdy WWC Number 1700 Date 6-8-00

(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 Jerry Burt WWC Number 544 Date 6-8-00

RECEIVED
 JUN 26 2000
 WATER RESOURCES DEPT.
 SALEM, OREGON