

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

*Baker
1572*

8/39E-286

(1) **OWNER:** Well Number: _____
 Name TOM MAC IERNIS
 Address RT 1 BOX 10
 City HOLINS State OR Zip 97133

(2) **TYPE OF WORK:**
 New Well Deepen Recondition Abandon

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

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

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 202 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
12	0 20	CEMENT	0 20	14	
8	20 202				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 20 ft. to 20 ft. Size of gravel PER

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8	+2	173	1.250	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) 173

(7) **PERFORATIONS/SCREENS:**
 Perforations Method Slotted Pipe
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
5	173	10	192	3/16		<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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
450	175	202	1 hr.

Temperature of water 52 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: 24

(9) **LOCATION OF WELL by legal description:**
 County Baker Latitude _____ Longitude _____
 Township 8 North Range 39 East or W, WM.
 Section 7 NW 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) **STATIC WATER LEVEL:**
24 ft. below land surface. Date 6-2-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 24

From	To	Estimated Flow Rate	SWL
24	25	2	24

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
Fill GRAVEL	0	3	
CLAY + GRAVEL	3	24	
GRAVEL - Med	24	25	24
CLAY + GRAVEL	25	48	
GRAVEL - M-B	48	53	24
SAND	53	60	
CLAY	60	74	
GRAVEL - M-B	74	79	24
CLAY	79	86	
SILT SAND	86	102	
SAND + CLAY	102	116	
GRAVEL - M-B	116	120	
CLAY	120	127	
SAND - M-D	127	136	
CLAY	136	138	
SAND + GRAVEL - M-B	138	145	
CLAY	145	153	
GRAVEL - M-B	153	167	
CLAY	167	174	
GRAVEL - M-B	174	192	
CLAY	192	196	
GRAVEL	196	202	24

Date started 5-19-88 Completed 6-2-88

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 WWC Number _____
 Signed _____ 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 591
 Signed Melroy Jorris Date 6-2-88