

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

**BAKE 1742**

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88/39E/8 Ca

(START CARD) # 17398

**(1) OWNER:** Well Number: \_\_\_\_\_

Name Allen Bros.  
 Address RT 1 Box 90  
 City Heins State OR Zip 97833

**(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 235 ft.  
 Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	14	CEMENT	0	14	10
10	20	240				

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:	12	+1	20	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	10	+1	216		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of sheets) 216

**(7) PERFORATIONS/SCREENS:**

Perforations Method Slotted Pipe  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
0	216	10	490	1/4	10	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min 670 Drawdown 95 Drill stem at \_\_\_\_\_ Time 2 hr.

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: 25

**(9) LOCATION OF WELL by legal description:**

County Baker Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 4 N of 6 Range 39 E or W, WM.  
 Section 6 NE 1/4 SW 1/4  
 Tax Lot 3200 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

**(10) STATIC WATER LEVEL:**

25 ft. below land surface. Date 3-16-91  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found 25

From	To	Estimated Flow Rate	SWL
24	25	2	25
47	48	10	25
76	80	20	25
96	99	100	25

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

Material	From	To	SWL
TOP SOIL	0	3	
CLAY yellow	3	22	
SAND + GRAVEL W-B	22	25	25
CLAY + GRAVEL	25	47	
SAND + GRAVEL W-B	47	48	25
CLAY + GRAVEL	48	76	
SAND + GRAVEL W-B	76	80	25
SAND + CLAY	80	96	
SAND + GRAVEL W-B	96	99	25
CLAY yellow	99	112	
GRAVEL W-B	112	116	25
CLAY yellow	116	135	
SAND + GRAVEL W-B	135	138	25
CLAY yellow	138	145	
SAND + GRAVEL + CLAY	145	160	
CLAY yellow	160	175	
SAND + GRAVEL W-B	175	178	25
CLAY yellow	178	194	
SAND + GRAVEL W-B	194	201	25
CLAY yellow	201	214	
SAND + GRAVEL W-B	214	223	25
CLAY yellow	223	240	

Date started 2-13-91 Completed 3-16-91

**(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 Treley Dennis Date 3-16-91