

RECEIVED

1768
2/29/89/28db
(START CARD) #0782

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

MAY 30 1989

(1) OWNER: Name Dave Blatchford
Address RT 1 Box 1660
City Baker State OR Zip 97814

WATER RESOURCES DEPT. SALEM, OREGON
(2) LOCATION OF WELL by legal description:
County Baker Latitude _____ Longitude _____
Township 4 N or S Range 39 E or W, WM.
Section 28 NW 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(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 117 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
12	0 18	CEMENT	0 18	14	
8	19 120				

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
8	72	115	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) 115

(7) PERFORATIONS/SCREENS:

Perforations Method Slotted Pipe
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
22	115	8	288	1/4		<input checked="" 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
400	114		1 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: 6

(10) STATIC WATER LEVEL:
6 ft. below land surface. Date 5-7-89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 6

From	To	Estimated Flow Rate	SWL
6	8	2	6
74	75	100	6
95	98	50	6
115	120	140	6

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
CLAY	2	6	
SAND + GRAVEL - M-D	6	8	6
GRAVEL + CLAY	8	22	
SAND + GRAVEL - M-D	22	26	6
SAND + GRAVEL + CLAY	26	34	
GRAVEL - M-D	34	37	6
SAND + GRAVEL + CLAY	37	74	
SAND + GRAVEL - M-D	74	75	6
" " CLAY	75	95	
" " M-D	95	98	6
" " CLAY	98	115	
GRAVEL + SAND - M-D	115	120	6

Date started 4-26-89 Completed 5-7-89

(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.
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 well construction standards. This report is true to the best of my knowledge and belief.
Signed Wesley Dennis WWC Number 291
Date 5-7-89