

OCT 28 1991

85/46E-266
33939

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

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) #

Bake
1843

(1) OWNER:
Name U.S. Forest Service (Wallace Whitman)
Address P.O. Box 907
City Baker City State OR Zip 97814

LOCATION OF WELL by legal description:
County Baker Latitude _____ Longitude _____
Township 8S N or S. Range 46E E or W. WM. _____
Section 21 NE $\frac{1}{4}$ NE $\frac{1}{4}$ _____
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) PINE, ORE

(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 sacks or pounds
Diameter	From	To	Material	From	To	
<u>8</u>	<u>0</u>	<u>18</u>	<u>Cement</u>	<u>18</u>	<u>0</u>	<u>11</u>
<u>8</u>	<u>18</u>	<u>202</u>				

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 _____

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>8</u>	<u>4</u>	<u>199</u>	<u>250</u>	<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 shoets) 199

(7) PERFORATIONS/SCREENS:
 Perforations Method Half perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>198</u>	<u>115</u>	<u>1/4</u>	<u>1986</u>	<u>8</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 440/150 Drawdown _____ Drill stem at 200 Time 1 hr.

Temperature of water 62 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: _____

(10) STATIC WATER LEVEL:
17 ft. below land surface. Date 10-4-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 118

From	To	Estimated Flow Rate	SWL
<u>118</u>	<u>202</u>	<u>150</u>	<u>17</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Soil</u>	<u>0</u>	<u>3</u>	
<u>clay rocks</u>	<u>3</u>	<u>120</u>	<u>17</u>
<u>Rocks + clay</u>	<u>120</u>	<u>202</u>	<u>17</u>

Date started 9-25-91 Completed 10-4-91

(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.
Signed Carl Pitekin WWC Number 496 Date 10-6-91

(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 Carl Pitekin WWC Number 496 Date 10-6-91