

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

Bake
1861

BAKE 1861

MAR 11 1992

75/48E/966

WATER RESOURCES DEPT. (START CARD) # W-38775

(1) OWNER: Well Number 2
Name Idaho Power
Address P. O. Box 70
City Boise State Idaho Zip 83707

(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 Fish Hatchery

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 129 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12"	0	11	BENTONITE	0	11	20 SACKS
12"	11	18	CEMENT GROUT	11	18	30 SACKS
10"	18	27	CEMENT GROUT	18	27	23 SACKS
8"	27	129				

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"	+5'	129'	.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) 129'

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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
 Pump Bailer Air Flowing Artesian
Yield gal/min 300 Drawdown _____ Drill stem at 125 Time 1 hr.

Temperature of Water 55° 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: _____

(9) LOCATION OF WELL by legal description:
County BAKER Latitude _____ Longitude _____
Township 7 South N or S. Range 48 East E or W. WM.
Section 9 NW $\frac{1}{4}$ NW $\frac{1}{4}$
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Fish Hatchery
Oxbow, Oregon

(10) STATIC WATER LEVEL:
13 ft. below land surface. Date 2-26-92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 13

From	To	Estimated Flow Rate	SWL
<u>128</u>	<u>130</u>	<u>300</u>	<u>13</u>

(12) WELL LOG:
Ground elevation 1700

Material	From	To	SWL
Reddish Brown clay	0	3	
Brown sand + large gravel	3	15	13
sand, gravel + boulders w/some wood	15	24	13
sand + large gravel	24	27	13
Basalt boulders w/sand + gravel	27	52	13
gravel w/some sand	52	61	13
Basalt boulders w/some gravel	61	69	13
gravel + boulders w/Brown silt	69	105	13
gravel + boulders w/some sand	105	130	13

Date started 2-18-92 Completed 2-26-92

(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 [Signature] WWC Number 1231
Date 2-29-92



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem Oregon 97301
 (503) 986-0900
 www.oregon.gov/owrd

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.

RECEIVED
 SEP 14 2020

I. OWNER INFORMATION

Current Owner Name (please print): Idaho Power Co.
 Mailing Address: PO Box 70
 City, State, Zip: Boise, ID, 87307
 Mail Well ID to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: Garvin Hydrogeo LLC, 2019 Main St., Suite A
 City, State, Zip: Baker City, OR, 97814

OWRD

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 7S (North / South) Range: 48E (East / West) Section: 9 SE 1/4 of the NW 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): 100 County Baker
 GPS Coordinates: 44.9729596925 -116.8552145976
 Street Address of Well, City: Spillaway Road, Oxbow
 If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Fish propogation
 Date Well Constructed (or property built): 2/26/1992 Total Well Depth: 130 ft Casing Diameter: 8 in
 Owner at time the well was constructed (if known): Idaho Power Well Report # (if known): BAKE 1861
 Other Information: AKA Well 2

SUBMITTED BY (please print): Paul Garvin/Garvin Hydrogeo LLC
 PHONE: 503-347-7188 EMAIL &/or FAX: garvin.hydrogeo@gmail.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
 Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

9-14-2020

Well Report Number:

BAKE 1861

Well Identification #:

L 139925