

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

Bake
1862

BAKE 1862

MAR 11 1992

7S/48E/966

(START CARD) # W-38774

(1) OWNER:

Name Idaho Power
 Address P. O. Box 70
 City Boise State Idaho Zip 83707

Well Number 1

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

HOLE Diameter	From		To	Material	SEAL		Amount sacks or pounds
	From	To			From	To	
12"	0	14	14	BENTONITE	0	14	34 SACKS
12"	14	19	19	CEMENT GROUT	14	19	25 SACKS
10"	19	28	28	CEMENT GROUT	19	28	19 SACKS
8"	28	79'					

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	Material				Threaded
				Steel	Plastic	Welded		
Casing: 8"	+ 1'	79'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 79'

(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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>200</u>		<u>77'</u>	<u>1 hr.</u>

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: _____

(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 ¼ NW ¼
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) FISH HATCHERY
Oxbow, Oregon

(10) STATIC WATER LEVEL:

16 ft. below land surface. Date 2-18-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 16'

From	To	Estimated Flow Rate	SWL
<u>75</u>	<u>83</u>	<u>200</u>	<u>16</u>

(12) WELL LOG:

Ground elevation 1703

Material	From	To	SWL
<u>Brown sandy clay + boulders, fill</u>	<u>0</u>	<u>8</u>	
<u>BASALT BOLDERS w/some sand + gravel</u>	<u>8</u>	<u>44</u>	<u>16</u>
<u>Brown sand + gravel</u>	<u>44</u>	<u>47</u>	<u>16</u>
<u>LARGE GRAVEL w/ sand</u>	<u>47</u>	<u>75</u>	<u>16</u>
<u>BASALT BOLDERS w/sand + gravel</u>	<u>75</u>	<u>83</u>	<u>16</u>

Date started 2-5-92 Completed 2-18-92

(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.

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 1231
 Signed Robert W. ... 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
RECEIVED

SEP 14 2020

OWRD

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

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

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

Township: 7S (North / South) Range: 48E (East / West) Section: 9 SW 1/4 of the NW 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): 100 County Baker
 GPS Coordinates: 44.9726885434 -116.8557202159
 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): 2/18/1992 Total Well Depth: 83 ft Casing Diameter: 8 in
 Owner at time the well was constructed (if known): Idaho Power Well Report # (if known): BAKE 1862
 Other Information: AKA Well 1

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: <u>9-14-2020</u>	Well Report Number: <u>BAKE 1862</u>	Well Identification #: <u>L 139924</u>
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