

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

Well ID # LO 9668 AUG 23 1996
 BAKE 50095
 07513961
 SALEM, OREGON

WATER RESOURCES DEPT (START CARD) # 66459

Instructions for completing this report are on the last page of this form.

(1) OWNER: Mary Cramer Well Number 1

Name Mary Cramer
 Address RT 1 Box 68
 City North Powder State OR Zip 97867

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 32ft
 Explosives used Yes No Type _____ Amount _____

Diameter		From		To		Material		From		To		Sacks or pounds	
SEAL													

How was seal placed: Method A B C D E
 Other Benolite
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	<u>12</u>	<u>1</u>	<u>302</u>	<u>375</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) 302

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
<u>135</u>	<u>155</u>	<u>1/8 x 1/600</u>	<u>12</u>	<u>12</u>	<u>steel</u>	<u>12</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>185</u>	<u>215</u>	<u>1/8 x 1/600</u>	<u>12</u>	<u>12</u>	<u>steel</u>	<u>12</u>	<input checked="" 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 Bailor Air Flowing
 Yield gal/min 200+ Drawdown _____ Drill stem at _____ Time 124 hr.
 Temperature of water 59 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 N or S Range 39 E or W. WM.
 Section 39 NW 1/4 NE 1/4
 Tax Lot 300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Cemetery Hill
Ed. Don Powder

(10) STATIC WATER LEVEL:
10' ft. below land surface. Date 2-29-96
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 60

From	To	Estimated Flow Rate	SWL
<u>60</u>	<u>320</u>	<u>200+</u>	<u>10</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Brown Clay & Boulders</u>	<u>0</u>	<u>16</u>	
<u>Silt Sand, Gravel & Boulders</u>	<u>16</u>	<u>330</u>	<u>10</u>

RECEIVED

NOV 18 1996

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 2-7-96 Completed 2-29-96
 (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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 682
 Signed _____ Date 9-18-96

AMENDED NOV 20 1996

AUG 23 1996

BAKE 50095

STATE OF OREGON
WATER WELL REPAIR PERMIT
(as required by ORS 537.765) SALEM, OREGON

WATER RESOURCES DEPT (START CARD) # 606459
SALEM, OREGON

(1) OWNER: Mary Cramer Well Number 1

Name Mary Cramer
Address Rt 1 Box 68
City North Powder State OR Zip 97286

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 320
Explosives used Yes No Type _____ Amount _____

Diameter	HOLE		SEAL		Sacks or pounds
	From	To	Material	From	
<u>18</u>	<u>0</u>	<u>30</u>	<u>Bentoid</u>	<u>0</u>	<u>30</u>
<u>12</u>	<u>30</u>	<u>320</u>			

How was seal placed: Method A B C D E
 Other Bentoid
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/liner	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
Casing: <u>12</u>	<u>1</u>	<u>302</u>	<u>375</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Liner:								

Final location of shoe(s) 302

(7) PERFORATIONS/SCREENS:

Perforations Method Down hole

Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Liner
<u>135</u>	<u>155</u>	<u>1/8 x 1/600</u>	<u>12</u>	<u>12</u>	<u>pipe</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>185</u>	<u>215</u>	<u>1/8 x 1/600</u>	<u>12</u>	<u>12</u>	<u>pipe</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing
 Artesian
Yield gal/min 200+ Drawdown _____ Drill stem at _____ Time 12 1/2 hr.

Temperature of water 59 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 N or S Range 39 E or W. W.M.
Section 39 NW 1/4 NE 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Cemetery Hill Rd. Nth Powder

(10) STATIC WATER LEVEL:
10' ft. below land surface. Date 2-29-96
Artesian pressure _____ lb. per square inch. Date _____

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Depth at which water was first found 60

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(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Brown Clay & Boulders</u>	<u>0</u>	<u>16</u>	
<u>Silt Sand, Gravel & Boulders</u>	<u>16</u>	<u>330</u>	<u>10</u>

RECEIVED

JUN 09

WATER RESOURCES DEPARTMENT
SALEM, OREGON

Date started 2-7-96 Completed 2-29-96

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 682
Signed [Signature] Date 9-18-96