

RECEIVED L 06717

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

bake
50122

OCT 28 1996

(START CARD) # 84898

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

(1) OWNER: Well Number #1
 Name LLOYD + RITA ERICKSON
 Address 920 Campbell St.
 City Baker City State OR. Zip 97814

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

HOLE			SEAL			Sack or pounds
Diameter	From	To	Material	From	To	
10"	0	24	Bent.	0	20	12
6"	24	200				

How was seal placed: Method A B C D E
 Other Day Bent. 7/8
 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
6"	+2	198	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) 198 (Holtz 5 1/2" ID)

(7) PERFORATIONS/SCREENS:

Perforations Method Holtz Bent.
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele. size	Casing	Liner
140	200	1"	950	8 1/4"	6"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
30	200	200	1 hr.
30	200	200	2 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 too shallow
 Depth of strata: 40-60

SALEM, OREGON OF WELL by legal description:
 County Baker Latitude _____ Longitude _____
 Township 8 N or S Range 39 E or W. WM.
 Section 19 NE 1/4 NE 1/4
 Tax Lot 1900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) ILL Eagle Lane

(10) STATIC WATER LEVEL:
40 ft. below land surface. Date 10-22-96
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 40'

From	To	Estimated Flow Rate	SWL
40	60	10	40
140	160	8	40
160	180	8	40
180	200	8	40

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
SOIL	0	2	
BOULDERS + GRAVEL	2	30	
Rock + GRAVEL + SAND	30	60	40
Rock + GRAVEL + SAND + SILT ALL WATER	60	200	40
Banding			

Date started 10-16-96 Completed 10-22-96

(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.
 Signed _____ Date _____
 WWC Number _____

(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.
 Signed Robert D. Maynard Date 10-22-96
 WWC Number 1655