

Bake
50150

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DEC 13 1995

STATE OF OREGON
WATER SUPPLY WELL REPORT

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 84869

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

(1) OWNER: Well Number # 2
Name RANDY + JANET ALANKO
Address R.T. 1 Box 123 1/2
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 132 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18	Bent.	0	18	15
6"	18	142				

How was seal placed: Method A B C D E
 Other Day Bentonite
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: 6"	12	118	025	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	110	132	10126	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 118

(7) PERFORATIONS/SCREENS:

Perforations Method Slotted Pipe
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele. size	Casing	Liner
132	112	9/16"	38	48	4 1/2"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
30	135	135	1 hr.
30	120	120	1/2

Temperature of water 51 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: 39-45

(9) LOCATION OF WELL by legal description:
County Baker Latitude _____ Longitude _____
Township 8 N or S Range 39 E or W. WM.
Section 19A NE 1/4 NE 1/4
Tax Lot 400 Lot 300 Block _____ Subdivision _____
Street Address of Well (or nearest address) Pocatlanter RD

(10) STATIC WATER LEVEL:
39 ft. below land surface. Date 12-9-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 39

From	To	Estimated Flow Rate	SWL
39	45	4	39
70	75	8	39
125	130	20	39
135	138	10	39

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL	0	2	
BOULDERS + GRAVEL	2	35	
Clay	35	37	
BOULDERS + GRAVEL + SAND	37	55	39
GRAVEL + SAND	55	70	
GRAVEL	70	75	
GRAVEL + SAND	75	125	
LARGE GRAVEL	125	130	
GRAVEL + SAND	130	135	
LARGE GRAVEL	135	138	
GRAVEL + SAND	138	142	39

Date started 12-1-95 Completed 12-9-95

(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 _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Robert D. Maynard WWC Number 1655
Date 12-9-95



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

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SEPT 11 2024

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

I. OWNER INFORMATION

OWRD

Current Owner Name (please print): Randy and Janet Alanko

Mailing Address: 44490 Pocahontas Rd.

City, State, Zip: Baker City, OR, 97814

Mail Well ID to: SAME AS ABOVE In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

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

Township: 8S (North / South) Range: 39E (East / West) Section: 19 NE 1/4 of the NE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 0300 County Baker

GPS Coordinates: 44.860114°, -117.976327°

Street Address of Well, City: 44490 Pocahontas Rd., Baker City

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): Irrigation, domestic

Date Well Constructed (or property built): 12/9/1995 Total Well Depth: 142' Casing Diameter: 6"

Owner at time the well was constructed (if known): Randy and Janet Alanko Well Report # (if known): BAKE 50150

Other Information: TL incorrect on log. It is/was 300, not 400.

SUBMITTED BY (please print): Paul Garvin

PHONE: 503-347-7188 EMAIL &/or FAX: garvin.hydrogeo@gmail.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301. Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

9-11-2024

Well Report Number:

BAKE 50150

Well Identification #:

L-156013