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

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	1026	<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	Flowing 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 W. WM.
Section 19A NE 1/4 NE 1/4
Tax Lot 400 Lot _____ 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