RECEIVED

APR 24 1997

WATER RESOURCES DEPT.
SALEM, OREGON

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

bake 50161

L 10970

(START CARD) # 84907

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

**(1) OWNER:** Well Number #1

Name Mark Sackos
Address 1405 Campbell St.
City Baker City State OR Zip 97814

**(2) TYPE OF WORK**

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

**(3) DRILL METHOD:**

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger
[ ] Other

**(4) PROPOSED USE:**

[X] Domestic [ ] Community [ ] Industrial [ ] Irrigation
[ ] Thermal [ ] Injection [ ] Livestock [ ] Other

**(5) BORE HOLE CONSTRUCTION:**

Special Construction approval [ ] Yes [X] No Depth of Completed Well 100 ft.
Explosives used [ ] Yes [X] No Type Amount

| HOLE Diameter | From | To | SEAL Material | From | To | Sacks or pounds |
|---|---|---|---|---|---|---|
| 10" | 0 | 20 | Bent. | 0 | 19 | 12 |
| 7 3/8 | 20 | 100 | | | | |

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other Dry Bentonite 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 |
|---|---|---|---|---|---|---|---|---|
| Casing: | 6" | +2 | 98 | .025 | [X] | [ ] | [X] | [ ] |
| Liner: | | | | | | | | |

Final location of shoe(s) 98.5 Hole 5 1/2 ID

**(7) PERFORATIONS/SCREENS:**

[ ] Perforations Method Open End Casing
[ ] Screens Type Material

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|---|---|---|---|---|---|---|---|
| | | | | | | [ ] | [ ] |

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

[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---|---|---|---|
| 15 | 100 | 100 | 1 hr. |
| 15 | 100 | 100 | 2 hr. |

Temperature of water 54 Depth Artesian Flow Found
Was a water analysis done? [ ] Yes By whom
Did any strata contain water not suitable for intended use? [X] Too little
[ ] Salty [ ] Muddy [ ] Odor [ ] Colored [ ] Other
Depth of strata: 25-60

**(9) LOCATION OF WELL by legal description:**

County Baker Latitude Longitude
Township 8 N or S Range 39 E or W. WM.
Section 20 NE 1/4 SE 1/4
Tax Lot 800 Lot Block Subdivision
Street Address of Well (or nearest address) County Rd. 699

**(10) STATIC WATER LEVEL:**

25 ft. below land surface. Date 4-8-97
Artesian pressure lb. per square inch. Date

**(11) WATER BEARING ZONES:**

Depth at which water was first found 25

| From | To | Estimated Flow Rate | SWL |
|---|---|---|---|
| 25 | 60 | 5 | 25 |
| 95 | 100 | 15 | 25 |

**(12) WELL LOG:**

Ground Elevation

| Material | From | To | SWL |
|---|---|---|---|
| Soil | 0 | 3 | |
| Lg. Rock-Gravel + Sand | 3 | 60 | 25 |
| Clay + Sand | 60 | 62 | |
| Rock-Gravel-Sand | 62 | | |
| and small amount clay | | 95 | |
| Gravel + Sand | 95 | 100 | 25 |

Date started 4-7-97 Completed 4-8-97

**(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 1655
Signed [signature] Date 4-9-97

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER