

RECEIVED

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WAKE
50163

APR 24 1997

L 10971

(START CARD) #

098385

WATER RESOURCES DEPT.

(1) OWNER:

Name Raymond + Doreen Carter Well Number #1
Address 305 W 2
City Huntington State OR. Zip 97907

(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 100 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Thickness or pounds	
10"	0	24	Ben.	0	24	12	
7 7/8"	24	100					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Dry Bentonite Sl

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	99	.025	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) 99.5 Holts 5 1/2 ± 0

(7) PERFORATIONS/SCREENS:

From		To	Slot size	Number	Diameter	Telephone size	Casing	Liner
50		100	1/4"	440	4 1/4"	6"	☒	☐

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

Yield gal/min		Drawdown	Drill stem at	Time
9		100	100	1 hr.
9		100	100	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 14 N or S Range 44 E or W. WM.
Section 13 04 NE 1/4 55 1/4
Tax Lot 12000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 305 W 2nd

(10) STATIC WATER LEVEL:

25 ft. below land surface. Date 4-14-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
25	35	2	25
35	75	4	25
75	80	1	25
80	100	3	25

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil	0	6	
Brown clay	6	25	
GRAVEL	25	35	25
Fractured shale (Gray clay)	35	75	
Fractured - Broken Black	75	80	
Rock			
Fractured shale (Gray clay)	80	100	25

Date started 4-10-97 Completed 4-14-97

(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 Robert D. Maynard Date 4-15-97