

50 7597 RECEIVED

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

JUN 13 1997

(START CARD) # 91704

Bake
50191

WATER RESOURCES DEPT.

(1) OWNER: Well Number _____
Name Dan GARRICK
Address RT 1 Box 127 CD
City BAKER CITY State OR Zip 97819

(9) CREATION OF WELL by legal description:
County BAKER Latitude _____ Longitude _____
Township 8S N or S. Range 39E E or W. WM.
Section 17 SE 1/4 NE 1/4
Tax Lot 1720 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 180 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Amount sacks or pounds
10	0	19	Cement	19	19	6
7.5	19	180	Bentonite			4

How was seal placed: Method A B C D E
 Other _____
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	1	180	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) 180

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25		180	1 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? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(10) STATIC WATER LEVEL:
36 ft. below land surface. Date 3-19-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 89

From	To	Estimated Flow Rate	SWL
89	89	5	36
148	180	25+	32

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
Soil	0	2	
Clay + Boulders	2	80	
gravel + Clay	80	140	36
gravel, sand, clay	140	180	36

Date started 3-18-97 Completed 3-19-97
(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed Carl P. Patcher WWC Number 494
Date 3-17-97

(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 well construction standards. This report is true to the best of my knowledge and belief.
Signed Carl P. Patcher WWC Number 494
Date 3-17-97