

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

Instructions for completing this report are on **SALESMAN'S REPORT**.

**RECEIVED**

AUG - 4 1997

WELL I.D.#

L10984

(START CARD) # 098401

(1) OWNER:

Name City of Baker City  
Address P.O. Box 650  
City Baker City State OR. Zip 97814

Well Number \_\_\_\_\_

(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 WASH QUARRY

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☒ Yes ☐ No Depth of Completed Well 222 ft.

Explosives used ☐ Yes ☒ No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE

SEAL

| Diameter | From | To  | Material | From | To | (Sacks or pounds) |
|----------|------|-----|----------|------|----|-------------------|
| 10"      | 0    | 50  | Bent.    | 0    | 50 | 22                |
| 8"       | 50   | 220 |          |      |    |                   |
| 6"       | 220  | 245 |          |      |    |                   |

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

☒ Other Only Bentonite 3/8

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   | 218.5 | 250   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner:     |      |       |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Final location of shoe(s) 218.5 HOLTS 5 1/2 I.D.

(7) PERFORATIONS/SCREENS:

☐ Perforations. Method: Open End Casing  
☐ Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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

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

☒ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time   |
|---------------|----------|---------------|--------|
| 25            | 225      | 225           | 1 hr.  |
| 25            | 225      | 225           | 5 hr.  |
| 20            | 152.5    | pump 180      | 24 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 Silty + Sand

Depth of strata: 67-215

(9) LOCATION OF WELL by legal description:

County Baker Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 9 N or S Range 40 E or W. WM.  
Section 5 NE 1/4 NW 1/4  
Tax Lot 200 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Imanaha rd  
CSEWA Lagoon

(10) STATIC WATER LEVEL:

14 ft. below land surface. Date 7-17-97  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 8

| From | To  | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 8    | 12  | 20                  | 7   |
| 65   | 67  | 5                   | 14  |
| 80   | 100 | 6                   | 14  |
| 180  | 210 | 12                  | 14  |
| 215  | 228 | 25                  | 14  |

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

| Material                     | From | To  | SWL |
|------------------------------|------|-----|-----|
| Soil                         | 0    | 8   |     |
| Lg. Gravel                   | 8    | 12  |     |
| Br. Clay - Gravel + Sand     | 12   | 36  |     |
| Br. Clay - Lg. Gravel + Sand | 36   | 42  |     |
| Br. Clay - Gravel + Sand     | 42   | 65  |     |
| Sand                         | 65   | 67  |     |
| Small Gravel - Sand          | 67   | 215 |     |
| Some Clay + silt             | -    | -   |     |
| Lg. Gravel                   | 215  | 228 |     |
| Fine Sand                    | 228  | 245 |     |

NOTE: AREA BETWEEN 67 to 215 ALL contained some water, but small amounts. The sand + silt made it UNUSABLE FOR INTENDED PURPOSE.

Date started 7-11-97 Completed 7-17-97

(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. Magana Date 7-31-97