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50499

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.

WELL I.D. # L 18865
START CARD # 15866
Edw. M. ... 098908

(1) OWNER: Well Number _____
Name MICHAEL H. + ANN TRINDLE
Address Rt #2 Box 387
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 200 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
8"	20	240	AVA			

How was seal placed: Method A B C D E
 Other NA
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
8"	+1.5	198	2.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) 199

(7) PERFORATIONS/SCREENS:

Perforations Method HOLTA PERF.
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Telephone size	Casing	Liner
70	75	1/4	100	7/8	10" 8"	<input checked="" type="checkbox"/>	<input type="checkbox"/>
130	150	1/4	420	7/8	10" 8"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
800	200	200	1 hr.
800	200	200	5 hr.

Temperature of water 56° 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 SANDY
Depth of strata: 25-130 + 150-180

(9) LOCATION OF WELL by legal description:
County Baker Latitude _____ Longitude _____
Township 8 N or S Range 40 or W. WM.
Section 27 SE 1/4 SE 1/4
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) AIRPORT RD.

(10) STATIC WATER LEVEL:
7 ft. below land surface. Date 10-15-98
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
70	75	150	7
75	130	150	7
130	150	100	7
150	180	150	7
180	200	500	7

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
GRAVEL (+ SAND + BROWN Clay)	20		7
LARGE GRAVEL + SAND	70	75	7
FINE SAND	75	130	7
SM. GRAVEL + SAND	130	150	7
FINE SAND + SM. GRAVEL	150	180	7
GRAVEL + SAND	180	200	7

RECEIVED

OCT 21 1998

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10-6-98 Completed 10-15-98
(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 John Maynard WWC Number 1655 Date 10-17-98