

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

BAKE
50704

WELL I.D. # L 15328
START CARD # 121548

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

(1) OWNER: Well Number _____
Name Western Heights Water Assn.
Address P.O. Box 334
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 450 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	25				
10"	25	175				
8"	175	430	Cement	349	362	10 SACKS

How was seal placed: Bottom 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
Casing:	12"	0	152	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8"	152	164	.322	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	8"	164	326	.322	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	349	450	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 326

(7) PERFORATIONS/SCREENS:

Perforations Method Torchcut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
420	430	4x3	3 rows		6"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
100+		450	1 hr.

Temperature of water 58° Depth Artesian Flow Found 420
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 9S N or S Range 39E E or W. WM.
Section 13 SE 1/4 SW 1/4
Tax Lot 2100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Western Heights Sub. Baker City OR 97814

(10) STATIC WATER LEVEL:
0 ft. below land surface. Date 8-17-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 420

From	To	Estimated Flow Rate	SWL
420	430	100+	0

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Existing well	0	175	
Blue clay with some gravel	175	304	
Brown clay with gravel	304	420	
Sandy claystone	420	430	WB
Gray basalt	430	450	

Date started 8-9-98 Completed 8-17-98

(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.
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 1218
Signed Patrick Wellall Date 1-24-00