

BAKE
50747

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 337.765)

WELL I.D. # 23717
START CARD # 103488

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

(1) OWNER: Well Number _____
Name Steve Adams
Address 18479 W Campbell
City BAKER City State OR Zip 97819

(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 343 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL	
Diameter	From To	Material	From To
<u>8</u>	<u>0</u> <u>20</u>	<u>Bentonite</u>	<u>0</u> <u>20</u>
<u>8</u>	<u>20</u> <u>343</u>	<u>Gravel</u>	<u>20</u> <u>343</u>

How was seal placed: Method A B C D E
 Other foamed clay
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
<u>8</u>	<u>0</u>	<u>343</u>	<u>28</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method Hand Held
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>200</u>	<u>340</u>	<u>1/4"</u>	<u>8</u>	<u>8</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>250 to 300</u>	<u>300</u>	<u>390</u>	<u>1 hr.</u>

Temperature of water 52 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 9S N or S Range 39E E or W. WM.
Section 13 1/4 SE 1/4 NE 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same as owner

(10) STATIC WATER LEVEL:
27 ft. below land surface. Date 6-24-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 44

From	To	Estimated Flow Rate	SWL
<u>44</u>	<u>44</u>	<u>0.5 gpm</u>	<u>22</u>
<u>200</u>	<u>340</u>	<u>250 gpm</u>	<u>22</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>200 ft clay</u>	<u>0</u>	<u>4</u>	
<u>clay + gravel + sand</u>	<u>4</u>	<u>200</u>	<u>22</u>
<u>gravel sand + clay</u>	<u>200</u>	<u>343</u>	<u>22</u>

Date started 5-20-00 Completed 6-24-00

(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 Carl P. Piteker WWC Number 494
Date 6-26-00

(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 Carl P. Piteker WWC Number 494
Date 6-26-00