

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

BAKE  
 50750

per BAKE 50750  
 again

WELL I.D. # L. 36968  
 START CARD # 132134

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

(1) OWNER: Don Sheppard Well Number \_\_\_\_\_

Name Don Sheppard  
 Address 2700 8th  
 City Baker, OR State OREGON Zip 97804

(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 230 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or	Notes
10	0	40	Concrete	0	40	750	
6	40	230					

How was seal placed: Method  A  B  C  D  E  
 Other Bentonite  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	6	1	230	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: \_\_\_\_\_

Final location of shoe(s) 220

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	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
20		230	2 1 hr.

Temperature of water 66 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 9 N or S Range 40 E or W. W.M.  
 Section 9 NW 1/4 NE 1/4  
 Tax Lot 100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) OR trail West  
Rivbank Rt 2 exit 322

(10) STATIC WATER LEVEL:  
 \_\_\_\_\_ ft. below land surface. Date 3-9-2000  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 220

From	To	Estimated Flow Rate	SWL
220	230	20	15

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Brown Clay Soil	0	12	
Silt & Gravel	12	230	
Sand & Gravel	230	230	15

RECEIVED RECEIVED  
 SEP 14 2000 JUL 07 2000

WATER RESOURCES DEPT. WATER RESOURCES DEPT.  
 SALEM, OREGON SALEM, OREGON

Date started 3-7-00 Completed 3-9-00

(unbonded) Water Well Constructor Certification:  
 I certify that the work 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 \_\_\_\_\_ WWC Number 682  
 Date 7-5-00