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WATER RESOURCES DEPT.
SALEM, OREGON

BAKE
50779

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 42258
START CARD # 127185

(1) OWNER: Well Number 62
Name Sophia G. Hunt
Address P.O. Box 647
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 140 ft.
Explosives used ☐ Yes ☒ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	20	Bent.	0	20	10
6	20	140				

How was seal placed: Method ☐A ☐B ☐C ☐D ☐E
☒ Other Dry Bentonite Poured From Top
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"	1.5	58.5	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4½	40	140	.250	☐	☒	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 59 6' open Shoe

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Skil saw
☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	140	.08	102	⅛	4½	☐	☒
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
13	140	140	1 hr.

Temperature of water 55 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 8 ☐ N or ☒ Range 42 ☒ E or W. WM.
Section 7 NW 1/4 NE 1/4
Tax Lot 1700 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) 42768 Hilts Baisley Road

(10) STATIC WATER LEVEL:
14 ft. below land surface. Date 11-2-00
Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:
Depth at which water was first found 115

From	To	Estimated Flow Rate	SWL
115	140	130	14

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
Soil	0	5	
Gray Clay with some Blue Chunks	5	25	
Blue Clay	25	35	
Brown Clay	35	40	
Gray + Blue Clay	40	50	
Brown Clay	50	55	
Gray + Blue Clay	55	65	
Blue Clay	65	70	
Gray + Red Clay	70	115	
Hard Fractured	115	—	14
Blue	—	140	14

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Date started 11-1-00 Completed 11-2-00

(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.
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 Mayo Date 11-4-00

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER