

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

WELL I.D. # 42259
START CARD # 127186

Instructions for completing this report are on the back of this form.

(1) OWNER: Well Number 42
Name REX + ELLEN Beck
Address 45361 MATHEN LODGE ROAD
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 100 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Seals or pounds
10"	0	20	BENT.	0	20	10
6"	20	100				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Day Bentonite
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"	0	38	250	☒	☐	☒	☐
Liner: 4 1/2"	20	100	26	☐	☐	☐	☐

Final location of shoe(s) 38.5 6" OPEN SHOE

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	100	8"	100	1/8	4 1/2	☐	☒

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

Yield gal/min	Drawdown	Drill stem at	Time
25	100	100	1 hr.

Temperature of water 53 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 S Range 42 E or W. WM.
Section 13 NW 1/4 NW 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 45361 MATHEN LODGE ROAD

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date 11-22-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 90

From	To	Estimated Flow Rate	SWL
90	100	25	0

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil	0	12	
Brown Clay-Gravel	12	42	
SAND	—	42	
HARD GRAY CLAY-Gravel	42	—	
+ SAND	—	65	
HARD DARK BLUE CLAY	65	90	
HARD BLUE + GRAY CLAY	90	—	0
Fractured	—	100	0

Date started 11-16-00 Completed 11-22-00

(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 _____ WWC Number _____ Date 11-22-00

(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 Robert J. Maynard WWC Number 1655 Date 12-4-00