

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.

(1) LAND OWNER Well Number _____
Name GEORGE VOILE
Address 28047 RITTER LOOP
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 108 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16"	0	28	BENTONITE	0	28	28 SACKS
10"	28	105				

How was seal placed: Method A B C D E
 Other POURED DRY

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: 10"	0	90	.328	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	90	105	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 105

(7) PERFORATIONS/SCREENS:
 Perforations Method TORCH / HOLTE
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	90	1/4"	900	HOLTE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
90	105	6"x1/4"	12	TORCH		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 80+ Drawdown _____ Drill stem at _____ Time 1 hr.

Temperature of water 58° 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: _____

Bake
50911

WELL I.D. # L 53570
START CARD # 145792

(9) LOCATION OF WELL by legal description:
County BAKER Latitude _____ Longitude _____
Township 8 N or S Range 42 E or W. WM.
Section 27 SW 1/4 NW 1/4
Tax Lot 4500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
41 ft. below land surface. Date 4-11-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
65	98	80+ GPM	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL	0	2	
HEAVY TAN CLAY	2	48	
TAN CLAY w/	48	-	
CEMENTED GRAV	-	53	
HEAVY CLAY	53	68	
HARD BLUE CLAY	68	-	
BROKEN	-	98	
TAN CLAY	98	108	

RECEIVED **RECEIVED**

APR 17 2002 **JAN 20 2004**

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

Date started 4-10-02 Completed 4-11-02

(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 _____

(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 [Signature] WWC Number 1775 Date 4-11-02