

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

WELL I.D. # L 25701  
 START CARD # 145790

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

(1) **LAND OWNER** Well Number \_\_\_\_\_  
 Name WILLIAMS DITCH COMPANY  
 Address 13967 HUNT MNT. LN  
 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 495 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
8"	280 495				

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 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
8"	255	495	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) 495

(7) **PERFORATIONS/SCREENS:**  
 Perforations Method HOLTE  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
280	300	1x1/4	500	8		<input checked="" type="checkbox"/>	<input type="checkbox"/>
380	490	1x1/4	4000	8		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
700 +		495	1 hr.

Flowing  Artesian  Air  Pump  Bailer

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 8 N or S Range 39 E or W. WM.  
 Section 28 NW 1/4 NE 1/4  
 Tax Lot 6900 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) CORNER OF WRIGHT RD & BROWN LN.

(10) **STATIC WATER LEVEL:**  
68' ft. below land surface. Date 4-24-02  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) **WATER BEARING ZONES:**  
 Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
280	308	50 GPM	68
380	440	100 GPM	5
440	495	250 GPM	68

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

Material	From	To	SWL
COBBLES w/ GRAVEL & CLAY	280	-	68
CLAY & GRAVEL	308	-	
w/ SAND	-	380	
GRAVEL w/ SAND & COBBLES - SOME	380	-	
CLAY	-	440	
GRAVEL & SAND & COBBLES	440	-	68

RECEIVED

APR 29 2002

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 4-22-02 Completed 4-24-02

(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 1715 Date 4-24-02