

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

JUL 31 2002

WATER RESOURCES DEPT.

WELL I.D. # L 57782
START CARD # 150429

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

(1) LAND OWNER: Name ALEX SACKOS Well Number _____
Address 15214 GOODRICH CR. 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 398 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
12"	0	22	CEMENT	10	22	11 SACKS	
8"	22	398	BENTONITE	0	10	23 SACKS	

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:	8"	0	22	320	25	☒	☒	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
Liner:						☐	☐	☐
						☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 320'

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	110	1x1/4	750	8"		☒	☐
120	140	"	500	"		☒	☐
160	200	"	1000	"		☒	☐
240	320	"	2000	"		☒	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
60 _____ 395 _____ 1 hr.

Temperature of water 56° 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 38 E or W. W.M.
Section 36 NW 1/4 NE 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
18' ft. below land surface. Date 7-22-02
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
95	108	10 GPM	18
122	140	10 GPM	
155	205	20 GPM	
235	398	40 GPM	18

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL	0	4	
TAN CLAY & GRAVEL	4	12	
TAN CLAY w/ GRAVEL	12	-	
& COBBLES	-	25	
TAN CLAY w/ GRAVEL	25	55	
GRAVEL & CLAY	55	67	
CLAY w/ GRAVEL	67	95	
GRAVEL w/ CLAY	95	108	18
TAN CLAY w/ GRAVEL	108	122	
GRAVEL w/ TAN CLAY	122	140	
TAN CLAY w/ GRAVEL	140	155	
GRAVEL w/ CLAY	155	205	
TAN CLAY w/ GRAVEL	205	235	
GRAVEL w/ SILTY	235	-	
SAND & TAN CLAY	-	398	18

Date started 7-16-02 Completed 7-22-02

(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 7-27-02