

STATE OF OREGON  
WATER SUPPLY WELL REPORT

WELL I.D. # L 54163  
START CARD # 145811

(as required by ORS 537.765)

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

(1) LAND OWNER Well Number 1  
Name Wayne Troy  
Address 34242 Old Hwy 30  
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 150 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>14"</u>	<u>0</u>	<u>30</u>	<u>Cement</u>	<u>0</u>	<u>30</u>	<u>30</u>
<u>10"</u>	<u>30</u>	<u>150</u>				

How was seal placed: Method  A  B  C  D  E  
 Other Grout Pump  
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: <u>10"</u>	<u>+2</u>	<u>130</u>	<u>250</u>	<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) 130

(7) PERFORATIONS/SCREENS:  
 Perforations Method Hotte Perforator  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>80</u>	<u>130</u>	<u>1/8"</u>	<u>810</u>	<u>1/8"</u>	<u>10"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>300</u>	<u>24</u>	<u>150</u>	<u>1 hr.</u>

Pump  Bailer  Air  Artesian

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: 10

(9) LOCATION OF WELL by legal description:  
County Baker Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 10 N of S Range 42 E or W. WM.  
Section 33 NE 1/4 NW 1/4  
Tax Lot 200 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Between Old Hwy 30 and Hill Creek on Interstate 84

(10) STATIC WATER LEVEL:  
+1 ft. below land surface. Date 7/12/02  
Artesian pressure 0 lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 10

From	To	Estimated Flow Rate	SWL
<u>10</u>	<u>150</u>	<u>300</u>	<u>+1</u>

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

Material	From	To	SWL
<u>Clay with rock</u>	<u>0</u>	<u>10</u>	
<u>Shattered rock w/B</u>	<u>10</u>	<u>150</u>	<u>+1</u>

RECEIVED  
AUG 09 2002  
WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 5/28/02 Completed 7/12/02

(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 Wayne Anderson WWC Number 5091 Date 8/1/02