

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

Amenarcu **BAKE** 51025
Bake 51025

WELL ID # **57318**
 (START CARD) # **144282**

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

(1) OWNER: Well Number: **SRGS#1**
 Name **BLM - Vale District Office**
 Address **100 Oregon Street**
 City **Vale** State **OR** Zip **97918**

(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 **55** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
12in	0 27	Cement	11 27	18 sacks	
10	27 55	Bentonite	0 8	11 sacks	

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	8in	+1	55	.280	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
35	55	1/8	460			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
75	2	46	8 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 **14S** N or S. Range **45E** E or W. of WM.
 Section **5** **SE** 1/4 **SW** 1/4
 Tax lot **100** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **Snake River Gaurd**
Station

(10) STATIC WATER LEVEL:
29 ft. below land surface. Date **5/14/02**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **29**

From	To	Estimated Flow Rate	SWL
29	55	100+	29

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
This log will serve as the ammended log. Corrective action taken on the seal when we installed 8" Baker Monior pitless unit on well.			
Boulders & Top Soil	0	4	
Brown Clay with Rock Chunks	4	19	
Brown Clay	19	29	
Sand & Gravel with some boulders in clay beds	29	55	

RECEIVED

JUL 01 2003

WATER RESOURCES DEPT.
 SALEM, OREGON
 WESTERN WATER DEVELOPMENT
 P.O. Box 1670
 Redmond, OR 97756

Date started **6/4/03** Completed **6/5/03**

(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 my best knowledge and belief.

WWC Number _____
 Signed _____ 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.

WWC Number **1385**
 Signed *Robert Buckner* Date **6/25/02**
Robert Buckner

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

WELL ID # 57318

(START CARD) # 144282

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

(1) OWNER: Well Number: **SRGS#1**
Name **BLM - Vale District Office**
Address **100 Oregon Street**
City **Vale** State **OR** Zip **97918**

(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 **55** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12in	0	27	Cement	0	27	18 sacks
10	27	55				

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 _____

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8in	+1	55	.280	<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
35	55	1/8	460			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min **75** Drawdown **2** Drill stem at **46** Time **8 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 **14S** N or S. Range **45E** E or W. of WM. _____
Section **5** **SE** 1/4 **SW** 1/4
Tax lot **100** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **Snake River Gaurd Station**

(10) STATIC WATER LEVEL:
29 ft. below land surface. Date **5/14/02**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **29**

From	To	Estimated Flow Rate	SWL
29	55	100+	29

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Boulders & Top Soil	0	4	
Brown Clay with Rock Chunks	4	19	
Brown Clay	19	29	
Sand & Gravel with some boulders in clay beds	29	55	

RECEIVED

FEB 27 2003

WATER RESOURCES DEPT.
SALEM, OREGON
WESTERN WATER DEVELOPMENT
P.O. Box 1670
REDMOND, OR 97756

Date started **5/13/02** Completed **5/15/02**

(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 my best 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 **Robert Buckner** WWC Number **1385**
Date **6/25/02**