

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(WELL I.D.)# L 55508

(START CARD) # 167811

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

(1) OWNER: Well Number **Baker 1148**
Name **City of Baker City**
Address **PO Box 650**
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 test

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well **800** ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
			See Baker 1148 for original Construction data.			

How was seal placed: Method A B C D E
 Other _____
Backfill placed from **748** ft. to **800** ft. Material **Pea Gravel**
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input 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 **Louvered** Material **steel**

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
503	748	.250	5,880	6"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1,800	54.5		1 hr.

Temperature of water **F** 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 **9** **S** Range **40** **E** WM.
Section **19** **NE** 1/4 **SW** 1/4
Tax Lot **600** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **4100 Indiana Ave., Baker City, OR 97814**

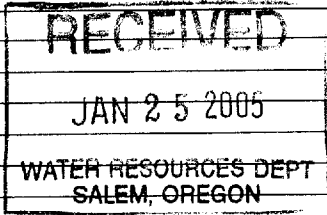
(10) STATIC WATER LEVEL:
229.4 ft. below land surface. Date **12-14-04**
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Cleaned existing rock well from 500' to 800' and install 6" screen from 503' to 748'			
Pull upper liner assembly up 4.5' from originally located by Stettler.			



Date started **11/17/04** Completed **12/27/04**

(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 *[Signature]* WWC Number **1709** Date **01/19/05**

(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 **1523** Date **01/19/05**