

BAKE 51532

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

WELL I.D. # L 81769

START CARD # 181878
Covered SC

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

(1) LAND OWNER Well Number _____
Name Jim Blackford
Address 44857 Brown Ln
City Baker City State OR Zip 97814

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

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

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
<u>8</u>	<u>500</u>	<u>800</u>	<u>In Place</u>	<u>(Seal)</u>		

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				Welded Threaded	
					Plastic	Plastic	Plastic	Plastic	Welded	Threaded
	<u>8</u>	<u>480</u>	<u>800</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:		<u>NONE</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 8" Ring Bit

(7) PERFORATIONS/SCREENS

Perforations Method Touch
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>500</u>	<u>700</u>	<u>4x6</u>	<u>3000</u>		<u>8"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>1000</u>		<u>780</u>	<u>2 hrs</u>

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 (legal description)
County Baker
Tax Lot 4501 Lot _____
Township S3 N or S Range 39E E or W WM
Section 16 SW 1/4 NW 1/4

Lat 44° 52' or 18 98'N (degrees or decimal)
Long 117° 57' or 06 32'W (degrees or decimal)

Street Address of Well (or nearest address) Brown Rd
Haines Or

(10) STATIC WATER LEVEL
64 ft. below land street Date 3-22-06
64 ft. below land End Date 3-24-06
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 500

From	To	Estimated Flow Rate	SWL
<u>500</u>	<u>800</u>	<u>263</u>	<u>64</u>

(12) WELL LOG

Material	Ground Elevation		SWL
	From	To	
<u>Brown Clay Gravel</u>	<u>500</u>	<u>585</u>	
<u>Brown Clay</u>	<u>585</u>	<u>590</u>	
<u>Brown Clay & Gravel</u>			
<u>with some of Brown</u>			
<u>Clay Gravel</u>	<u>590</u>	<u>676</u>	
<u>Brown Clay & Gravel</u>	<u>670</u>	<u>725</u>	
<u>Concrete Gravel</u>	<u>725</u>	<u>730</u>	
<u>Brown Clay & Gravel</u>	<u>730</u>	<u>770</u>	
<u>Brown Clay</u>	<u>770</u>	<u>775</u>	
<u>Brown Clay & Gravel</u>	<u>775</u>	<u>800</u>	<u>64</u>

Date Started 3-21-06 Completed 3-24-06

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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.

WWC Number 1737 Date 3-22-06

Signed [Signature]

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 415 Date 3-27-06

Signed Robert D. Staffel

RECEIVED

APR 07 2006

WATER RESOURCES DEPT

SALEM, OREGON