

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

WELL I.D. # L 77652

START CARD # 181882

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

(1) LAND OWNER Well Number _____
Name John Robner
Address 40535 Pocahontas Rd
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 485 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
20	0	20	Portland Cement	0	16	24 sacks
14	0	125	Cement	0	125	3105 MKs

How was seal placed: Method A B C D E
 Other Paused Bentonite

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to none Size of gravel _____

(6) CASING/LINER

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Added Casing:	10"	22	31	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bottom	10"	none	309'		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	8"	SAME			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		NONE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
/							

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

Yield gal/min	Drawdown	Drill stem at	Time
/			

Temperature of water _____ Depth Artesian Flow Found _____
Was a water analysis done? Yes No
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 600 Lot _____
Township 9S N or S Range 39E E or W WM
Section 2 NE 1/4 SW 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 40535 Pocahontas Baker City OR 97814

(10) STATIC WATER LEVEL
Flowing ft. below land surface Date 7-31-06
under 5 gal per minute
ft. below land surface. Date _____
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
Over drilled with 14" casing to 125'. Casing (10") went on down the hole approx 20' with cap welded on top - Spent 5 hrs grinding cap off to pull 10" back - added 31 ft of 10" casing and set back until solid. Finished drilling 14" to 125 ft. Pumped 60 sacks from 120 up and pulled 14" casing back. Pumped in another 270 sacks as we pulled back 14" casing.			

Date Started 8-12-06 Completed 8-31-06

(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 8-22-06
Signed M.H. J.

(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 8-31-06
Signed Robert Vistoffel