

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 96110
START CARD # 198617

(1) LAND OWNER Owner Well I.D. _____
First Name Dave Last Name Blackford
Company Blackford Farms
Address 4485.7 Brown Ln
City Baker City State OR Zip 97814

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 763 ft.

BORE HOLE		SEAL		sacks/ lbs
Dia	From To	Material	To	
10	483 763	EN Plnce		

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10		463	763	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4

Shoe Inside Outside Other Location of shoe(s) Ring A: T
Temp casing Yes Dia _____ From _____ To _____

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

Perf/S	Casing	Screen	Dia	From	To	Scrns/slot	Slot	# of	Tele/
creen	Liner	Liner				width	length	slots	pipe size
			10	463	763	4x6	6"	3000	10"

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 1000 Drawdown 760 Drill stem/Pump depth 2 hrs Duration (hr) _____

Temperature 53 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County Baker Twp 83 N/S Range 39E E/W WM
Sec 16 NW 1/4 of the SW 1/4 Tax Lot 4503
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

4485.7 Brown Rd Baker City

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening	<u>5-28-08</u>			<u>87'</u>
Completed Well	<u>5-30-08</u>			<u>87'</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 483

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
	<u>483</u>	<u>763</u>	<u>300</u>			<u>87</u>

(11) WELL LOG Ground Elevation _____
Material clst From _____ To _____
Yellow Sand of Gravel 483 755
Granite (Decomposed) 755 763
RECEIVED
RECEIVED JUL 21 2008
JUN 13 2008 WATER RESOURCES DEPT SALEM, OREGON
WATER RESOURCES DEPT SALEM, OREGON

Date Started 5-28-08 Completed 5-30-08

(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.
License Number 1737 Date 6-10-08
Password: (if filing electronically) _____
Signed Melal J. H.

(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.
License Number 415 Date 6-10-08
Password: (if filing electronically) _____
Signed Robert V. Staffel
Contact Info (optional) _____