

# BAKE 51972

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 96273

START CARD # 201046

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

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name Kenneth Last Name Tew  
 Company \_\_\_\_\_  
 Address 39172 Old Hwy 30  
 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  Injection  
 Thermal  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION** Special Standard:  Yes (attach copy)  
 Depth of Completed Well 180 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount (cks/lbs)
12"	0	19	Bentonite	0	19	12 Sacks
8"	19	180				

How was seal placed: Method  A  B  C  D  E  
 Other 3/8 Bentonite Dry Powdered  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Csng/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<input checked="" type="checkbox"/>	8"	+	2	176	.250	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Shoe  Inside  Outside  Other Location of shoe(s) 176  
 Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**  
 Perforations Method Holt Perforator  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				100	176	1/8	1	2720	6"

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
230	161	180	2 hr

Temperature 53 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below)

From	To	Description

**(9) LOCATION OF WELL (legal description)**  
 County Baker Twp 9 N or S Range 40 or W W.M.  
 Sec 10 SE 1/4 of the NE 1/4 Tax Lot 1500  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address) East of Atwood Road across from 42300 Atwood 1/4 mile east

**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>6-14-09</u>		-	<u>19'</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found 19'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6-5-09</u>	<u>19</u>	<u>100</u>	<u>50 gpm</u>		-	<u>19</u>
<u>6-14-09</u>	<u>100</u>	<u>180</u>	<u>230 gpm</u>		-	<u>19</u>

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
TOP soil	0	2"
Hard Brown clay	2	10
Sandy Brown clay	10	19
Hard Brown clay		
course sand gravel w/B	19	32
Fine Brown sand		
some gravel w/B	32	40
Brown clay sand gravel w/B	40	80
Tan clay sand gravel w/B	80	95
Tan clay Fine sand w/B	95	100
Tan clay course sand		
Pea gravel w/B	100	180

Date Started 5-16-09 Completed 6-14-09

**(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 \_\_\_\_\_ Date \_\_\_\_\_  
 Signed \_\_\_\_\_

**(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 1837 Date 7-11-09  
 Signed Rand Ruseff  
 Contact Info. (optional) \_\_\_\_\_

RECEIVED

JUL 15 2009

WATER RESOURCES DEPT