

STATE OF OREGON  
WATER SUPPLY WELL REPORT

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

WELL LABEL # L 96275

START CARD # 201048

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

(1) LAND OWNER Owner Well I.D.  
First Name Fred & Laurie Last Name McAdams  
Company \_\_\_\_\_  
Address 2500 2nd ST  
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 277 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Secs/lbs
14	0	30	Bentonite	0	20	16	Scks
10	30	277					

How was seal placed: Method  A  B  C  D  E  
 Other Dry Bentonite 3/8 Poured  
Backfill placed from 277 ft. to 227 ft. Material 3/4 mins  
Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size Gravel  
Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		10	+	1	203	250	✓		✓	
	✓	8		227	187	30926		✓		
				187	227					

Shoe  Inside  Outside  Other Location of shoe(s) 203  
Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
Perforations Method Half Perforation  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓	✓				120	185	1/8	1	2890	10"

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 150 Drawdown 185 Drill stem/Pump depth 200 Duration (hr) 2 hr

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

From	To	Description
185	200	Fine Sand

(9) LOCATION OF WELL (legal description)  
County Baker Twp 8 N or 0 Range 40 or W W.M.  
Sec 35 SE 1/4 of the SE 1/4 Tax Lot 900  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Street Address of Well (or nearest address) 43132 Sunnyslope Rd Baker City Or 97814

(10) STATIC WATER LEVEL

Existing Well/Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>7/27/09</u>			<u>15</u>

Flowing Artesian?  Yes Dry Hole?  Yes  
WATER BEARING ZONES Depth water was first found 18'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>7/4/09</u>	<u>18</u>	<u>120</u>	<u>30</u>			<u>15</u>
<u>7/18/09</u>	<u>120</u>	<u>180</u>	<u>50</u>			<u>15</u>
<u>7/20/09</u>	<u>180</u>	<u>200</u>	<u>250</u>			<u>15</u>
<u>7/24/09</u>	<u>200</u>	<u>277</u>	<u>150</u>			<u>15</u>

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

Material	From	To
TOP SOIL	0	1
Brown clay	1	3
Hard Brown clay	3	18
Sandy Brown clay w/B	18	100
Greenish gray clay		
Sandy w/B	100	150
Tan clay sandy w/B	150	166
Gray clay sand w/B	166	180
gray sand w/B	180	200
gray clay sand w/B	200	270
gray sand w/B	270	277

Date Started 6/24/09 Completed 7/27/09

(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 8/31/09  
Signed Rae Russell  
Contact Info. (optional) \_\_\_\_\_

RECEIVED

SEP 03 2009