BAKE 52056

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

WELL LABEL # L 102115

START CARD # 201067

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

(1) LAND OWNER Owner Well I.D. _____
First Name Charles Last Name Lowry
Company _____
Address 24369 Keating Grange 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 ☐ Injection ☐ Thermal ☐ Other _____

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

BORE HOLE Dia	From	To	SEAL Material	From	To	Amount	Sacks/lbs
10	0	18	Bentonite	0	18	73/4	Sacks
6	18	180					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Dry Bentonite 3/8 Poured
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
✓		6	+	1	19	1250	✓			
	✓	4½	-	10	180	SDR 21		✓		

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 19
Temporary casing ☐ Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
✓			✓		160	180	1/8	8"	88	4½

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
45	135	180	2 hr

Temperature 52 °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 8 N or ☒ S Range 42 ☒ E or W W.M.
Sec 17 NE 1/4 of the NE 1/4 Tax Lot 700
Tax Map Number _____ Lot _____
Lat ___°___'___.___" or ___.___ DMS or DD
Long ___°___'___.___" or ___.___ DMS or DD
Street Address of Well (or nearest address) North Side of Keating Grange Lane Across from Keating School

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	8-10-10		-	81

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes
WATER BEARING ZONES Depth water was first found 105'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8-8-10	105	180	45		-	81

(11) WELL LOG Ground Elevation _____

Material	From	To
Brown clay Hard	0	12
Brown clay Soft		
Broken Rock	12	30
Tan Clay Broken Rock	30	105
Brown clay Broken Rock w/B	105	107
Tan clay Broken Rock w/B	107	110
Grey Clay Broken Rock w/B	110	180

RECEIVED
SEP 13 2010
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 7-21-10 Completed 8-10-10

(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 9-7-10
Signed _____
Contact Info. (optional)

ORIGINAL – WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 10/16/2006