BAKE 52057

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

WELL LABEL # L 102116

START CARD # 201068

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

(1) LAND OWNER Owner Well I.D. _____
First Name Keith Last Name Curts
Company _____
Address 3155 Grove 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 200 ft.

BORE HOLE Dia	From	To	Material	SEAL From	To	Amount	Scks/lbs
10	0	18	Bentonite	0	18	13	5cks
6	18	200					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Dry Bentonite 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"	+	2	178	1250	✓		✓	

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 178
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
✓		✓			100	160	1/8	1"	1140	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)
20	180	200	2 hr

Temperature 51 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☑ Yes (describe below)

From	To	Description	Amount	Units
160	180	Sandy		

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(9) LOCATION OF WELL (legal description)
County Baker Twp 9 N or ☒ S Range 40 ☐ E or W W.M.
Sec 16 B 1/4 of the B 1/4 Tax Lot 1400
Tax Map Number _____ Lot _____
Lat ___°___'___.___" or ___.______ DMS or DD
Long ___°___'___.___" or ___.______ DMS or DD
Street Address of Well (or nearest address) 3155 Grove St Baker City Or 97814

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	8-17-10		-	20

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes
WATER BEARING ZONES Depth water was first found 20'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8-12-10	20	100	4 gpm		-	20
8-16-10	100	200	25		-	20

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	3
Brown clay	3	12
Brown clay gravel	12	20
Brown clay Cemented gravel w/B	20	100
Brown clay Coarse Sand & gravel w/B	100	160
Brown clay Fine Sand	160	180
Gray clay Sand gravel w/B	180	200

Date Started 8-11-10 Completed 8-17-10

(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 Reed Russell
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