



Bake 52165

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

WELL LABEL # L Bake 50775
START CARD # 19995

(1) LAND OWNER Owner Well I.D.
First Name Kenneth Last Name Casper
Company
Address 812 7th St. South
City Nampa State ID Zip 83651

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

(3) DRILL METHOD
[X] 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 [X] Attach copy
Depth of Completed Well ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Includes rows for Cement and Bentonite Chips.

How was seal placed: Method [] A [] B [X] C [] D [] E

[X] Other Pour dry

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: [] Yes Type Amount

(6) CASING/LINER table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes a diagram of casing/liner connections.

Shoe [] Inside [] Outside [] Other Location of shoe(s)

Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Sern/slot width, Slot length, # of slots, Tele/pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour

[] Pump [] Bailer [] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table for well test results with columns: Yield, Drawdown, Drill stem/Pump depth, Duration.

Temperature °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below)

Table for water quality concerns with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County BAKER Twp 12 S N/S Range 39 E E/W WM
Sec 27 SE 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number Lot
Lat " or 44.495983 DMS or DD
Long " or -117.91583 DMS or DD
[] Street address of well [] Nearest address

17.5 mi from Hwy 26 / 245 intersection and 1/2 mi north of canyon

(10) STATIC WATER LEVEL

Table for static water level with columns: Date, SWL(psi), SWL(ft). Includes rows for Existing Well / Predeepening and Completed Well.

WATER BEARING ZONES

Table for water bearing zones with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft).

(11) WELL LOG

Table for well log with columns: Material, From, To. Includes text: 'We opened well to 3' below ground level and found casing to be sub-standard...'

RECEIVED

NOV 21 2011

WATER RESOURCES DEPT SALEM, OREGON

Date Started 09-20-2011 Completed 09-26-2011

(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.

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License Number Date
Password: (if filing electronically)
Signed

NOV 21 2011

(bonded) Water Well Constructor Certification WATER RESOURCES DEPT SALEM, OREGON

I accept responsibility for the construction, deepening, alteration, or abandonment of this well during the construction dates reported above.

License Number 1714 Date 10-13-2011
Password: (if filing electronically)
Signed Dave Adamson
Contact Info (optional)

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

WELL LABEL # L Bake 50775
START CARD # 199995

(1) LAND OWNER Owner Well I.D. _____
First Name Kenneth Last Name Casper
Company _____
Address 812 7th St. South
City Nampa State ID Zip 83651

(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 _____ ft.
BORE HOLE **SEAL** **sacks/**
Dia From To Material From To Amt lbs
7.75 0 80 Cement 40 295 73 S
6 80 295 Bentonite Chips 0 40 18 S

How was seal placed: Method A B C D E
 Other Pour dry
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 checked="" type="checkbox"/>	7.75		1	80	.177	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

Temperature _____ °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 12 S N/S Range 39 E E/W WM
Sec 27 SE 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or 44.495983 DMS or DD
Long _____ " or -117.91583 DMS or DD
 Street address of well Nearest address

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)
Existing Well / Predeepening _____
Completed Well _____
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
We opened well to 3' below ground level and found casing to be sub-standard - would not receive perforator. Obtained Special Standards - received 9/28/11. Pressure grouted to surface with neat cement. Returned the following day. Cement had fallen to 40'. As per Bob Maynard, filled remaining area to surface with Bentonite as grouting machine equipment had been removed.		
Original Well Report - Bake 50775		

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OCT 21 2011
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 09-20-2011 Completed 09-26-2011

(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 _____
Password: (if filing electronically) _____
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 1714 Date 10-13-2011
Password: (if filing electronically) _____
Signed Dave Adamson
Contact Info (optional) _____