

# BAKE 52193

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**

(ORS 537.765 & OAR 690-205-0210)

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

WELL LABEL # L 107097

START CARD # 206277

ORIGINAL LOG # \_\_\_\_\_

**(1) LANDOWNER** Owner Well I.D. \_\_\_\_\_  
 First Name Richard Last Name Fleming  
 Company \_\_\_\_\_  
 Address 955 Park St.  
 City Baker City State OR. Zip 97814

**(2) TYPE OF WORK**  New  Conversion  Deepening  
 Alteration (complete Sections 2a & 10)  Abandonment (complete Section 5a)

**(2a) PRE-ALTERATION:** Well Depth \_\_\_\_\_ ft.  
 Seal Material \_\_\_\_\_  
 Casing Type:  Steel  Plastic  Other \_\_\_\_\_  
 Casing Gauge \_\_\_\_\_ Casing Diameter \_\_\_\_\_

**(3) DRILL METHOD**  Rotary Air  Rotary Mud  Auger  
 Cable  Cable Mud  Reverse Rotary  Other \_\_\_\_\_

**(4) PROPOSED USE**  Domestic  Irrigation  Community  
 Industrial/Commercial  Livestock  Dewatering  Injection  
 Thermal  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION**  
 Depth of Completed Well 120 ft. Special Standard:  Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
12	0	20	Bent.	0	20		16
8	20	120					

How was seal placed: Method  A  B  C  D  E  
 Other 3/8 powered dry  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

**(5a) ABANDONMENT USING UNHYDRATED BENTONITE:**  
 Calculated Amount Proposed to be Used: \_\_\_\_\_ sacks/lbs  
 Actual Amount Used: \_\_\_\_\_ sacks/lbs

**(6) CASING/LINER**

Csng	Lintr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<input checked="" type="checkbox"/>		8		2	118	.250	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Shoe  Inside  Outside  Other Location of shoe(s) 118  
 Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**  
 Perforations Method Tool  
 Screens Type \_\_\_\_\_ Material steel

Perf	Scrn	Csng	Lintr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			60	120	1/4	6	90	8

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailor  Air  Flowing Artesian  
 Yield gal/min 25 Drawdown 89 Drill stem/Pump depth 120 Duration (hr) 2hr.  
 Temperature 52 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS \_\_\_\_\_ ppm

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**  
 County Baker Twp 9 N or S Range 42 W or W.W.M.  
 Sec 29 NE 1/4 of the SW 1/4 Tax Lot 1200  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address) Ruckles Cr. to first creek Rd - 1 mile past green gate

**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>1-19-12</u>			<u>31</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found 90

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>1-19-12</u>	<u>90</u>	<u>120</u>	<u>25</u>			<u>31</u>

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

Material	From	To
<u>Brown Clay Broken</u>	<u>0</u>	
<u>Rock</u>		<u>90</u>
<u>Broken Rock Fractured</u>	<u>90</u>	<u>95</u>
<u>Brown Basalt tan</u>	<u>95</u>	
<u>Clay Fractured</u>		<u>120</u>

RECEIVED

FEB 13 2012

WATER RESOURCES DEPT  
SALEM, OREGON

Date Started 1-17-12 Completed 1-19-12

**(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 1816 Date 2-1-12  
 Signed [Signature]  
 Contact Info. (optional) \_\_\_\_\_

541-519-0618