

STATE OF OREGON
WATER SUPPLY WELL REPORT

BAKE 52230

WELL LABEL # L 109672

START CARD # 206299

ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)

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

(1) LANDOWNER Owner Well I.D.
First Name Rustin Last Name Smith
Company _____
Address P.O. Box 583
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 390 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Sacks/lbs
14	0	80	Cement	10	80		36
10	80	200	Bent	0	10		11
8	200	390					

How was seal placed: Method A B C D E
 Other Poured Bentonite
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	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
14		10		2	198	.250	X		X	
	14	8		185	385	.250	X		X	

Shoe Inside Outside Other Location of shoe(s) 198'-385'
Temporary casing Yes Diameter 14 From 0 To 80

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

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X		X			185	385	1/2	6	405	8

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
700	384	390	4

Temperature 56 °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 8 N or S Range 40 E or W W.M.
Sec 22 SE 1/4 of the NW 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 1/4 mile east of 203 pond Baker City

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	9-4-12			6

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 4

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8-20-12	4	5	3			2
9-4-12	27	390	700			6

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	1
Brown Clay	1	4
Brown Clay Sand	4	5
Brown Clay	5	27
Sand Gravel w/ Brown and Blue Clay streaks	27	390

RECEIVED BY OWRD

SEP 12 2012

SALEM, OR

Date Started 8-20-12 Completed 9-4-12

(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 9-10-12

Signed [Signature]

Contact Info. (optional) 541-519-0618