

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name BERT Last Name SIDDOWAY  
 Company \_\_\_\_\_  
 Address 29792 OLD HWY 30  
 City DURKEE State OR Zip 97905

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

**(2a) PRE-ALTERATION**  
 Dia + From To Gauge Stl Plstc Wld Thrd  
 Casing:          
 Material From To Amt sacks/lbs  
 Seal:

**(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 EXPLORATORY

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)  
 Depth of Completed Well 225.00 ft.  
**BORE HOLE** SEAL sacks/lbs  

Dia	From	To	Material	From	To	Amt	SEAL
10	0	18	Bentonite Chips	0	18	10	S
6	18	225					

How was seal placed: Method  A  B  C  D  E  
 Other POURED DRY  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**  
 Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

**(6) CASING/LINER**  

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	2	98	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

  
 Shoe  Inside  Outside  Other Location of shoe(s) 98  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

Perf/ Screen	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)
150		225	2

  
 Temperature 53 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount \_\_\_\_\_  

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**  
 County BAKER Twp 8.00 S N/S Range 40.00 E E/W WM  
 Sec 24 NE 1/4 of the NE 1/4 Tax Lot 300  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
MEDICAL SPRINGS HWY BELOW STATE PIT

**(10) STATIC WATER LEVEL**  

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	2/17/2014			9

  
 Flowing Artesian?  Dry Hole?   
 WATER BEARING ZONES Depth water was first found 6.00  

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
2/14/2014	6	9	5			4
2/17/2014	94	225	150			9

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

Material	From	To
BROWN CLAY	0	6
BROWN CLAY BROKEN ROCK	6	9
CONSOLIDATED HARD BROWN CLAY W/ SAN	9	94
FRACTURED BROWN BASALT	94	155
FRACTURED BROWN BASALT RED CINDERS	155	180
FRACTURED BROWN BASALT	180	200
FRACTURED BROWN BASALT RED CINDERS	200	209
FRACTURED BROWN BASALT	209	225

Date Started 2/13/2014 Complete 2/17/2014

**(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 2/25/2014  
 Signed STEVEN J COLEY (E-filed)  
 Contact Info (optional) 541-519-0618



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for
Well ID Number

Do not complete if the well already has a Well Identification Number.

RECEIVED
NOV 13 2020

I. OWNER INFORMATION

Current Owner Name (please print): Bert Siddoway
Mailing Address: PO Box 115
City, State, Zip: Durkee, OR, 97905
Mail Well ID to: [X] SAME AS ABOVE [ ] In Care Of (C/O)
Name & Address:
City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 8S (North / South) Range: 40E (East / West) Section: 24 NW 1/4 of the NE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 300 County Baker
GPS Coordinates: 44.86032447, -117.75470499
Street Address of Well, City: South of Highway 203, North of Baker City
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 2/17/14 Total Well Depth: 225 ft Casing Diameter: 6 in
Owner at time the well was constructed (if known): Bert Siddoway Well Report # (if known): BAKE 52333
Other Information: AKA Well 1

SUBMITTED BY (please print): Paul Garvin/ Garvin Hydrogeo LLC 2019 Main St Ste A Baker City 97814
PHONE: 503-347-7188 EMAIL &/or FAX: garvin.hydrogeo@gmail.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

\* Well ID # L 112637 LOST! This is replacement well ID#. \*

For Official Use Only by the Oregon Water Resources Department:

Received Date: 11-13-2020 Well Report Number: BAKE 52333 Well Identification #: L 140919