

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

BAKE 52334

3/25/2014

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

113685

1022426

**(1) LAND OWNER**

Owner Well I.D. \_\_\_\_\_

First Name VIRGIL Last Name BORGER

Company \_\_\_\_\_

Address 44941 SCHOOLHOUSE RDCity HAINES State OR Zip 97833**(2) TYPE OF WORK**☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)**(2a) PRE-ALTERATION**

Casing: Dia + From To Gauge Stl Plstc Wld Thrld

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 \_\_\_\_\_**(5) BORE HOLE CONSTRUCTION**Special Standard ☐ (Attach copy)Depth of Completed Well 580.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
14	0	22	Bentonite Chips	0	22	13	S
12	22	580					

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	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	<input checked="" type="checkbox"/>	2	580	0.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
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<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 14 From 0 To 22**(7) PERFORATIONS/SCREENS**Perforations Method AIR KNIFE

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/	Casing/ Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	10	220	260	.125	1	1440	
Perf	Casing	10	280	305	.125	1	900	
Perf	Casing	10	320	460	.125	1	5040	
Perf	Casing	10	495	520	.125	1	900	
Perf	Casing	10	540	580	.125	1	1440	

**(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		570	3.5

Temperature 54 °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 39.00 E E/W WMSec 18 SE 1/4 of the NE 1/4 Tax Lot 100

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

☒ Street address of well ☐ Nearest address44941 SCHOOLHOUSE RD HAINES**(10) STATIC WATER LEVEL**

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	3/21/2014			116

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**Depth water was first found 185.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
3/7/2014	222	267	120			116
3/11/2014	284	308	100			116
3/12/2014	322	466	400			116
3/13/2014	492	519	100			116
3/14/2014	546	580	150			116

**(11) WELL LOG**

Ground Elevation \_\_\_\_\_

Material	From	To
SOIL	0	4
BROWN CLAY, GRAVEL, SAND	4	185
GRAVEL, BROWN CLAY	185	222
GRAVEL, SAND	222	267
GRAVEL, BROWN CLAY, SAND	267	284
GRAVEL, SAND	284	308
BROWN CLAY, GRAVEL, SAND	308	322
GRAVEL, SAND, BROWN CLAY SEAMS	322	466
SAND, GRAVEL, BROWN CLAY HARD	466	490
GRAVEL, SAND, BROWN CLAY	490	521
SAND, GRAVEL, BROWN CLAY HARD	521	546
GRAVEL, SAND	546	580

Date Started 3/6/2014 Complete 3/21/2014**(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 1775 Date 3/25/2014Signed JASON ACQUISTAPACE (E-filed)

Contact Info (optional) \_\_\_\_\_

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

