

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

APR 23 2014
WELL I.D. LABEL# 113684
START CARD # 1022573
ORIGINAL LOG #

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(1) LAND OWNER Owner Well I.D. SALEM, OR
First Name CHARLES Last Name PAYTON
Company

Address 43956 OLD WINGVILLE RD
City BAKER CITY State OR Zip 97814

(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	Thrd
	10	<input checked="" type="checkbox"/>	1.5	274	0.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Material From To Amt sacks/lbs
Seal: Bentonite 0 18 20 Sacks

(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 540.00 ft.

BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	274					
9.5	274	540					

How was seal placed: Method A B C D E
 Other

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"/>	8	<input type="checkbox"/>	260	540	0.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 540
Temp casing Yes Dia _____ From _____ To _____

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

Perf/Screen	Casing/Screen	Dia	From	To	Scrnm/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing	8	280	410	.125	1	3500	
Perf	Casing	8	420	530	.125	1	3000	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1000		530	2

Temperature 50 °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 WM
Sec 21 SW 1/4 of the SW 1/4 Tax Lot 4800
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
ACROSS THE STREET FROM 44164 BROWN RD. BAKER CITY

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	3/24/14			32
Completed Well	4/1/14			34

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
EXISTING WELL	0	264
SILT, SAND	264	282
SAND, BROWN CLAY, GRAVEL	282	307
GRAVEL, SAND, BROWN CLAY	307	355
SAND, GRAVEL, BROWN CLAY	355	408
BROWN CLAY, SAND, GRAVEL	408	421
SAND, GRAVEL, BROWN CLAY	421	464
GRAVEL, SAND, BROWN CLAY	464	540

Date Started 3/24/2014 Complete 4/1/2014

(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 4/3/2014
Signed JASON ACQUISTAPACE (E-filed)
Contact Info (optional) _____