

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

BAKE 52346

5/28/2014

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

Page 1 of 2
LOST!
143683 157016
1022785

(1) LAND OWNER

Owner Well I.D. _____

First Name GARY Last Name POINTER

Company _____

Address 44941 SCHOOLHOUSE RD

City 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 Thrd
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 610.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
18	0	100	Bentonite Chips	0	28	35 S
14	100	400	Cement	28	100	70 S
10	400	610				

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
Shoe ☐ Inside ☐ Outside ☒ Other Location of shoe(s) _____
Temp casing ☒ Yes Dia 16 From 0 To 100

(7) PERFORATIONS/SCREENS

Perforations Method AIR KNIFE

Screens Type _____ Material _____

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
Perf	Casing		12	255	390	.125	1	6500	
Perf	Casing		8	390	610	.125	1	6300	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
600		600	2

Temperature 55 °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 7.00 S N/S Range 38.00 E E/W WM

Sec 26 NE 1/4 of the SW 1/4 Tax Lot 7500

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☐ Street address of well ☒ Nearest address

JUST NORTH OF 13997 CALLEY FISHER LN. HAINES

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	5/9/2014			34
Flowing Artesian?				
Dry Hole?				

WATER BEARING ZONES

Depth water was first found 62.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
4/15/2014	62	71	5			34
4/18/2014	194	233	75			34
4/21/2014	255	268	80			34
4/22/2014	281	347	300			34
4/24/2014	347	406	100			34

(11) WELL LOG

Ground Elevation _____

Material	From	To
SOIL	0	3
BROWN CLAY, GRAVEL, SAND	3	54
COBBLES, BROWN CLAY, GRAVEL, SAND	54	62
GRAVEL, BROWN CLAY, SAND	62	71
BROWN CLAY, SAND, GRAVEL	71	194
GRAVEL, BROWN CLAY, SAND	194	233
BROWN CLAY, SAND, GRAVEL	233	255
GRAVEL, SAND	255	268
BROWN CLAY, GRAVEL, SAND	268	281
GRAVEL, SAND	281	347
GRAVEL, BROWN CLAY	347	374
GRAVEL, BROWN CLAY, SAND	374	390
BROWN CLAY, GRAVEL, SAND	390	416
GRAVEL, SAND, BROWN CLAY	416	468
STICKY BROWN CLAY, GRAVEL	468	485
SMALL GRAVEL, SAND, BROWN CLAY	485	610

Date Started 4/14/2014

Complete 5/9/2014

(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 5/28/2014

Signed 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:





















































































**WATER SUPPLY WELL REPORT -
continuation page****BAKE 52346**WELL I.D. LABEL# L ~~413683~~ 157016

START CARD # 1022785

ORIGINAL LOG #

5/28/2014

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								
								

(5) BORE HOLE CONSTRUCTION

[illegible]

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

[illegible]

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

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

Water Quality Concerns

[illegible]

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Comments/Remarks

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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

RECEIVED

JAN 7 2025

OWRD

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

I. OWNER INFORMATION

Current Owner Name (please print): GARY POINTER

Mailing Address: 13541 LITTLE MUDDY CREEK LN

City, State, Zip: HAINES, OR, 97833

Mail Well ID to: ☒ 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: 7 S (North / South) Range: 38 E (East / West) Section: 26 NE 1/4 of the SW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 7500 (on lot line) County BAKER

GPS Coordinates: 44.924228°, -118.023630° 100 Ft horizontal error allowance

Street Address of Well, City: 13997 CALLEY FISHER LN (next to), HAINES, OR 97833

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): 5-9-2014 Total Well Depth: 610' Casing Diameter: 12", 8"

Owner at time the well was constructed (if known): GARY POINTER Well Report # (if known): BAKE 52346 & 52597

Other Information: WELL WAS ORIGINALLY ASSIGNED WELL TAG L-113683 WHICH WAS NEVER INSTALLED

SUBMITTED BY (please print): PAUL GARVIN

PHONE: 503-347-7188

EMAIL &/or FAX: GARVIN.HYDROGEO@GMAIL.COM

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

****REPLACEMENT WELL ID****

For Official Use Only by the Oregon Water Resources Department:

Received Date:

1-7-2025

Well Report Number:

BAKE 52346 (ORIG)
BAKE 52597 (DEEP)

Well Identification #:

L-157016