							Page 1 of 1
MREVISIONS REQUESTED		52601		WELL I.D. LABEL# L			
			START CARD			278	
(as required by ORS 537.765 & OAR 690-205-0210)		6/26/2018	ORIGI	NAL LOG #	\$		
(1) LAND OWNER Owner Well I.D. First Name RUSTIN Last Name SMITH							
Company		(9) LOCATI		. 0		- '	
Address PO BOX 885		County BAKER					E E/W WM
	14	Sec <u>16</u> <u>S</u>	E 1/4 of	f the <u>SE</u>	_ 1/4	Tax Lot <u>320</u>	0
City BAKER CITY State OR Zip 978 (2) TYPE OF WORK X New Well Deepening	Conversion	Tax Map Number 5a) Lat Long	r			Lot	DMS or DD
Alteration (complete 2a & 10) Abando	nment(complete	5a) Lat	,,,,,,	or			DMS or DD
(2a) PRE-ALTERATION	1 751 1	Long	et address of		Vearest a	ddrass	_ DMS or DD
Dia + From To Gauge Stl Plstc Wild		CORNER OF S		~	vealest a	uuress	
Material From To Amt sacks/lbs				200			
Seal:							I
(3) DRILL METHOD	(10) STATIC	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)					
Rotary Air Rotary Mud Cable Auger Cal	Existing We	Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration					
Reverse Rotary Other		Completed Well 4/20/2018					
(4) PROPOSED USE Domestic X Irrigation Co	ommunity	_	Flowing	Artesian?	Dr	y Hole?	
Industrial/ Commericial Livestock Dewatering		WATER BEARIN	IG ZONES	Depth	water wa	s first found _6	5.00
Thermal Injection Other		SWL Date	From	To E	Est Flow	SWL(psi)	+ SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Stand	ard (Attach c	opy) 4/20/2018	6	7	7		5
Depth of Completed Well 220.00 ft.		4/20/2018	160	220	800		4
BORE HOLE SEAL	sa	cks/	100	220	000		
Dia From To Material From		bs					
16 0 19 Bentonite Chips 0 12 19 220 Calc	19 19 S ulated 14.19						
	14.19		a a				
	ulated		OG (Ground Elevat	ion		
How was seal placed: Method A B C	D E		Material			From	То
X Other POURED DRY		BROWN CLAY				0 6	6
Backfill placed from ft. to ft. Material		BROWN CLAY, SAND BROWN CLAY				7 160	
Filter pack from ft. to ft. Material		BROWN CLAY, SAND			7 160	180	
Explosives used: Yes Type Amount		GRAVEL, SAND, BROWN CLAY			180	210	
(5a) ABANDONMENT USING UNHYDRATED BEN	SAND, GRAVE	SAND, GRAVEL, BROWN CLAY			210	220	
Proposed Amount Actual Amount		_					
(6) CASING/LINER							
Casing Liner Dia + From To Gauge St $\boxed{\bullet}$ $\boxed{12}$ $\boxed{\mathbf{X}}$ $\boxed{2}$ $\boxed{198}$ $\boxed{.250}$ $\boxed{\bullet}$		nrd					
	┥╟────						
	┥╽						
Shoe Inside Outside Other Location of sh							
Temp casing Yes Dia $\underline{16}$ From $+ \times \underline{1}$	To <u>19</u>						
(7) PERFORATIONS/SCREENS							
Perforations Method Screens Type Material		Dete Grante 14	4/2010	C	1.	1 4/20/2010	J
Perf/ Casing/ Screen Scrn/slot Slot	Date Started <u>4</u>	Date Started 4/4/2018 Completed 4/20/2018					
Screen Liner Dia From To width length	ize (unbonded) Wa						
		I certify that the	e work I perfo	ormed on the	construc	tion, deepenin	g, 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 ki				Ĩ	
		License Number			Date		
(8) WELL TESTS: Minimum testing time is 1 hour		-					
Pump Bailer (•) Air F	lowing Artesian	Signed					
Yield gal/min Drawdown Drill stem/Pump depth D	(bonded) Water	(bonded) Water Well Constructor Certification					
800 220		I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work					
		work performed performed durin					
Temperature <u>55</u> °F Lab analysis Yes By Water quality concerns? Yes (describe below) TDS amou		construction standards. This report is true to the best of my knowledge and belief.License Number 1816Date 6/26/2018					
Water quality concerns? Yes (describe below) TDS amounts from To Description		1010		0/2	0/2018		
			EN COLEY (I				
		Contact Info (opt	tional)				
		J [

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