

BAKE 52777

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

WELL I.D. LABEL# 128841
START CARD # 216491
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. ASR 2
First Name _____ Last Name _____
Company _____ City of Baker City
Address _____ PO Box 650
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
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 _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 654 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
30	0	10	3/8 bentonite chip	0	40	135	sks
24	10	106			Calculated	120	
20	106	319	Cement	40	312	757	sks
16	317	654			Calculated	291	

How was seal placed: Method A B C D E
 Other pour and probe bentonite chips
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
 16 + 3 313 .375
 12 304 313 .375
 12 343 364 .375
 12 399 408 .375
 12 458 479 .375
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type Vshaped Wire Wrap Material 304SS
Perf/ Casing/Screen Scrn/slot Slot # of Tel/
Screen Liner Dia From To width length slots pipe size
Scr Liner 12 313 343 150 _____ PS
Scr Liner 12 364 399 150 _____ PS
Scr Liner 12 408 458 150 _____ PS
Scr Liner 12 479 509 150 _____ PS
Scr Liner 12 538 568 150 _____ PS

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
2045 19 _____ 72

Temperature 66 °F Lab analysis Yes By _____
RECEIVED Yes (describe below) TDS amount 195
From _____ To _____ Description Amount Units
AUG 30 2021

(9) LOCATION OF WELL (legal description)
County Baker Twp 9 S N/S Range 40 E E/W WM
Sec 20 NE 1/4 of the SW 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

2801 Indiana Ave, Baker City, OR 97814

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 7/21/2021 _____ 86
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 245 *

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
3/19/2021	245	299	n/m		n/m
3/19/2021	329	654	2000+		86

(11) WELL LOG Ground Elevation _____

Material	From	To
Gravel 3/4 minus with soil	0	3
Gravel 3" minus with sand, tan, partially cemented	3	9
Sand, tan, fine to medium, with some clay, tan	9	25
Clay, brown, dry, silty	25	30
Clay, tan, sandy	30	90
Clay, blue and green, silty	90	150
Clay, blue and green, silty with layers of clay, sandy	150	210
Clay, grey, medium	210	245
Basalt, dark grey, medium, fractured, some vesicles	245	259
Basalt, black and grey, medium, fractured, vesicular	259	269
Basalt, black medium, some fractures and vesicular	269	279
Basalt, black w/red, med, fractured, vesi, w/claystone, blue	279	289
Basalt, black, fractured, vesicular, some claystone, blue	289	299
Basalt, black, fractured, some vesicular w/some claystone, blue	299	314
Basalt, red and brown, medium, fractured, vesicular	314	319
Basalt, blk med, frac w/lenses of basalt, red, med frac, vis. S/ign & grey daystone	319	399
Basalt, grey, medium, some fractures	399	409
Basalt, blk med, hard frac, visi, w/blue claystone, s/basalt, red, med	409	429
Basalt, red and brown, med vesicular w/claystone, blue	429	433

Date Started 10/14/2021 Completed 7-21-2021

(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 2033 Date 8-16-2021
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 1968 Date 8-16-2021
Signed _____
Contact Info (optional) _____

