

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

*Bake
623*

RECEIVED

85/40E-26bc

(1) OWNER: Well Number _____
 Name A. R. M. Ward Ranches
 Address 1500 H St
 City Baker State OR Zip 97814

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 38 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>6</u>	<u>0</u>	<u>20</u>	<u>CEMENT</u>	<u>0</u>	<u>20</u>	<u>18</u>
<u>12</u>	<u>20</u>	<u>40</u>				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>12</u>	<u>71</u>	<u>39</u>	<u>1250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) 39

(7) PERFORATIONS/SCREENS:

Perforations Method slotted pipe
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>0</u>	<u>39</u>	<u>5</u>	<u>98</u>	<u>1 1/4</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>450</u>	<u>31</u>	<u>40</u>	<u>1 hr.</u>

Temperature of water 54 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: 10

(9) LOCATION OF WELL by legal description:
 County Baker Latitude _____ Longitude _____
 Township 9 North 40 Range 40 East W, WM.
 Section 26 5 1/4 NW 1/4
 Tax Lot 2301 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
9 ft. below land surface. Date 7-14-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 10

From	To	Estimated Flow Rate	SWL
<u>10</u>	<u>12</u>	<u>20</u>	<u>9</u>
<u>30</u>	<u>40</u>	<u>4.30</u>	<u>9</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>TOP SOIL</u>	<u>0</u>	<u>4</u>	
<u>CLAY BROWN</u>	<u>4</u>	<u>10</u>	<u>9</u>
<u>GRAVEL FINZ W-O</u>	<u>10</u>	<u>12</u>	<u>9</u>
<u>SAND & GRAVEL</u>	<u>12</u>	<u>40</u>	<u>9</u>

Date started 7-11-88 Completed 7-14-88

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 WWC Number _____
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 291
 Signed 2 Selby Dennis Date 7-14-88