

BAKE
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51397

STATE OF OREGON
WATER SUPPLY WELL REPORT

AUG 12 2005

WELL I.D. # L 78154
START CARD # 159967

(as required by ORS 537.765)
WATER RESOURCES DEPT
Instructions for completing this report are on page 1 of the form.

(1) LAND OWNER
Name Mike Frazier Well Number _____
Address P.O. Box 590
City Baker State OR. Zip 97814

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 200 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	19	Bentonite	0	19	20
6	19	200				

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

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	6	17	138	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2"	130	200	SOR26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 138

(7) PERFORATIONS/SCREENS:
 Perforations Method saw
 Screens Type _____ Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	200	1/4"	90	4 1/2"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
15	200	200	1 hr.

Flowing Artesian Air
Temperature of water 50 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: _____

(9) LOCATION OF WELL by legal description:
County Baker Latitude _____ Longitude _____
Township 11 N or S Range 41 E or W. WM.
Section 2 NE 1/4 SE 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) end of Alder c.r.t. Road

(10) STATIC WATER LEVEL:
100 ft. below land surface. Date 7-21-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 150

From	To	Estimated Flow Rate	SWL
150	180	8	100
180	200	15	100

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown Clay Gravel	0		
sand		150	
light Brown clay	150		
gravel sand		180	100
Gravel Brown clay	180		
sand		200	100

Date started _____ Completed _____

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1816
Signed [Signature] Date 7-21-05