

BAKE 51952

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

WELL LABEL # L 97467  
START CARD # 199769

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_  
First Name John Last Name Timmon  
Company \_\_\_\_\_  
Address 51 San Pedro St  
City Seaside State CA Zip 92907

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

(9) LOCATION OF WELL (legal description)  
County Baker Twp 7S N/S Range 89E E/W WM  
Sec 10 NW 1/4 of the SE 1/4 Tax Lot 1800  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
48363 Hwy 430 Haines OR 97833

(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 \_\_\_\_\_

(10) STATIC WATER LEVEL Date \_\_\_\_\_ SWL(psi) + SWL(ft)  
Existing Well / Predeepening \_\_\_\_\_  
Completed Well 12-12-08 17'  
Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 200  
SWL Date From To Est Flow SWL(psi) + SWL(ft)  
12-12-08 137 226 150 17'

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
Depth of Completed Well 600 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs
16"	0	22	Cement	0	21	18
12"	22	160	Cement	0	160	90
10"	139	306				
8"	306	600				

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
Top Soil	0	4
Brown Clay & Gravel	4	28
Brown Clay	28	104
Hard Sand Stone	104	166
Granite	166	600

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(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Ptsc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	+2	106	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	+3	137	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) 12" 106  
Temp casing  Yes Dia 16 From 0 To 22

(7) PERFORATIONS/SCREENS Perforations Method NONE  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Per/S	Casing/	Screen	Scr/slot	Slot	# of	Tele/		
creen	Liner	Dia	From	To	width	length	slots	pipe size

NONE

Date Started 10-20-08 Completed 12-12-08

(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 1690 Date 1-10-09  
Password: (if filing electronically) \_\_\_\_\_  
Signed [Signature]

(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 415 Date 1-10-09  
Password: (if filing electronically) \_\_\_\_\_  
Signed [Signature]  
Contact Info (optional) \_\_\_\_\_

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailor  Air  Flowing Artesian  
Yield gal/min 180 Drawdown 580 Drill stem/Pump depth 4-in Duration (hr) \_\_\_\_\_

Temperature 54°F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below)  
From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_

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# BAKE 51903

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

WELL LABEL # L 97456  
 START CARD # 199772

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_  
 First Name John Last Name TUMAN  
 Company \_\_\_\_\_  
 Address 01 San Pedro St  
 City Sahuarz State CA Zip 93901

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

(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 520 ft.

BORE HOLE			SEAL			Amt sacks lbs
Dia	From	To	Material	From	To	
10	0	22	Concrete	17	22	5
6	22	520	Redwaxite	0	17	12

How was seal placed: Method  A  B  C  D  E  
 Other Round Redwaxite

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Pstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	±	8	137	.2500	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) 137'6"  
 Temp casing  Yes Dia 10 From 0 To 20

(7) PERFORATIONS/SCREENS  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/S	Casing/	Screen	From	To	Scrn/slot	Slot	# of	Tele/
creen	Liner	Dia	From	To	width	length	slots	pipe size

NONE

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min \_\_\_\_\_ Drawdown \_\_\_\_\_ Drill stem/Pump depth \_\_\_\_\_ Duration (hr) \_\_\_\_\_  
80 470 2 hrs

Temperature 58 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below)  
 From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_

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(9) LOCATION OF WELL (legal description)  
 County Baker Twp 7S N/S Range 99E E/W WM  
 Sec 10 NW/4 of the SE 1/4 Tax Lot 1840  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
4836 Hwy 30 Haines Or

(10) STATIC WATER LEVEL Date 9-6-08 SWL(psi) 33 + SWL(ft) 33  
 Existing Well / Predeepening \_\_\_\_\_  
 Completed Well \_\_\_\_\_  
 Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found \_\_\_\_\_

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
	345	520	80	83	33

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
Top Soil	0	2
Brown Clay	2	16
Brown Clay & Gravel	16	31
Black Clay	31	93
Granite sand	93	100
Brown Clay & Gravel	100	130
Sandstone (Hard)	130	345
Granite	345	371
Brown Shale	371	380
Black Granite (fractured)	380	385
Granite	385	470
Sand Stone	470	475
Granite	475	520

Date Started 9-4-08 Completed 9-6-08

(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 1690 Date 9-10-08  
 Password: (if filing electronically) \_\_\_\_\_  
 Signed [Signature]

(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 415 Date 9-10-08  
 Password: (if filing electronically) \_\_\_\_\_  
 Signed [Signature]  
 Contact Info (optional) \_\_\_\_\_

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

WELL LABEL # L 97467
START CARD # 199769

(1) LAND OWNER
Owner Well I.D.
First Name John Last Name JIMMAN
Company
Address 51 SAN PEDRO ST
City SHELTON State OR Zip 97130

(9) LOCATION OF WELL (legal description)
County Baker Twp 25 N/S Range 89E E/W WM
Sec 10 NW 1/4 of the SE 1/4 Tax Lot 1800
Tax Map Number Lot
Lat " or " DMS or DD
Long " or " DMS or DD
[X] Street address of well [ ] Nearest address

(2) TYPE OF WORK [X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

48363 Hwy 430 Haines OR 97823

(3) DRILL METHOD
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Predeepening
Completed Well 12-12-08 17'
Flowing Artesian? [ ] Dry Hole? [ ]

(4) PROPOSED USE [ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

WATER BEARING ZONES
Depth water was first found 2.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
12-12-08 1.50 17'

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy)
Depth of Completed Well 600 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt lbs. Rows include 16" 0 22 Cement, 12" 22 114 Cement, 10" 114 206, 8" 206 260.

(11) WELL LOG
Ground Elevation
Material From To
Top Soil 0 4
Brown Clay & GRAVEL 4 28
Brown Clay 28 104
Hard sand stone 104 166
Granite 166 600

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[ ] Other

Backfill placed from ft to ft. Material
Filter pack from ft. to ft. Material Size

Explosives used: [ ] Yes Type Amount

(6) CASING/LINER
Table with columns: Casing Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Rows include 12" and 10" casings.

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 12" 104
Temp casing [X] Yes Dia 16 From 0 To 22

(7) PERFORATIONS/SCREENS
Perforations Method NONE
Screens Type Material

Table with columns: Per/S, Casing, Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tel/ pipe size. Row contains 'NONE'.

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row contains 160, 580, 4.10.

Temperature 54 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below)
From To Description

Date Started 10-26-08 Completed 12-12-08

(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 1690 Date 1-10-09
Password: (if filing electronically)
Signed [Signature]

(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 415 Date 1-10-09
Password: (if filing electronically)
Signed Robert V. [Signature]
Contact Info (optional)

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