

BAKE 51545

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

WELL I.D. # L 09668

START CARD # 185371

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number _____
 Name Gary Kramer
 Address 15450 Cometary Lane
 City Haines State OR Zip 97823

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 574 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE		SEAL	
Diameter	From To	Material	From To Sacks or Pounds
	<u>8"</u> <u>292</u> <u>574</u>	<u>Seal in Place</u>	

How was seal placed: Method A B C D E
 Other in Place

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>8"</u>	<u>254</u> <u>574</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>NONE</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) Ring Bit 574

(7) PERFORATIONS/SCREENS

Perforations Method Tooth
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>274</u>	<u>574</u>	<u>7/16"</u>	<u>6,000</u>		<u>8"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>500</u>		<u>570</u>	<u>1 hr</u>

Temperature of water 59° 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 (legal description)
 County Baker
 Tax Lot 3700 Lot _____
 Township 73 N or S Range 39E E or W WM
 Section 19 SW 1/4 NE 1/4

Lat _____ ° _____ ' _____ " or _____ (degrees or decimal)
 Long _____ ° _____ ' _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 15450 Cometary Rd Haines OR

(10) STATIC WATER LEVEL
10' ft. below land surface Start Date 5-4-06
10' ft. below land surface End Date 5-9-06
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 320

From	To	Estimated Flow Rate	SWL
<u>320</u>	<u>560</u>	<u>400</u>	<u>10'</u>

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
<u>Course sand / claystone</u>	<u>292</u>	<u>320</u>	<u>10'</u>
<u>Original Clay & gravel</u>	<u>320</u>		
<u>w/ some of course sand & gravel</u>		<u>567</u>	<u>10'</u>
<u>Decomposed Gravel</u>	<u>567</u>	<u>574</u>	<u>10'</u>
<u>Hard</u>			

RECEIVED

MAY 12 2006

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 5-4-06 Completed 5-9-06

(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.

WWC Number 1737 Date 5-10-06
 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.

WWC Number 415 Date 5-10-06
 Signed [Signature]