

BAKE 51875

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 93943

START CARD # 198648

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

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company Ash Grove Cement Co
 Address 33060 Shirttail Crk Rd.
 City Durkee State OR Zip 97905

(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 Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 335 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Sacs/lbs
12	0	18	Bentonite	0	18		14
8	18	335					

How was seal placed: Method A B C D E
 Other 3/4 powered dry
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<input checked="" type="checkbox"/>		8	<input checked="" type="checkbox"/>	2	18	.250	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 18
 Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Temperature _____ °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Baker Twp 12 N or S Range 43 W or W.W.M.
 Sec 10 SE 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 (or nearest address) 500 ft. S.W of quarry shop

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
Brown Clay	0	70
Grey Clay	70	77
Brown Clay	77	85
Dark Grey Clay	85	90
Blue Clay	90	125
Brown Clay	125	130
Grey Clay	130	195
Brown Clay	195	205
light tan clay	205	207
light tan clay w/ broken rock	207	235
Grey Clay	235	265
Brown Clay w/ broken rock	265	290
Blue Clay	290	295
Green Clay w/ broken Green stone	295	315
Black Basalt w/ Green stone and quartz	315	335

Date Started 5-12-05 Completed 5-15-08

(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 _____ Date _____
 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 1816 Date 5-29-08
 Signed [Signature]
 Contact Info. (optional) 541-519-0618