

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

WELL LABEL # L 96119
 START CARD # 198615

(1) LAND OWNER Owner Well I.D. _____
 First Name GARY Last Name Kramer
 Company _____
 Address 15450 Cometary Lane
 City Haines State OR Zip 97837

(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 303 ft.

BORE HOLE			SEAL			Amt	lbs
Dia	From	To	Material	From	To		
12	0	40	Concrete	6	40	40	
8	40	303	Bentonite	0	6	6	

How was seal placed: Method A B C D E
 Other Poured Bentonite
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material None Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8		2	298	240	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 8' 198
 Temp casing Yes Dia 12 From 0 To 40

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

Perf/S	Casing/Screen	Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
	<u>Casing</u>		14	290	442		3200	3200	8"

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 400 Drawdown 300 Drill stem/Pump depth 2 hrs Duration (hr) _____

Temperature 56 °F Lab analysis Yes No
 Water quality concerns? Yes (describe below)
 From _____ To _____ Description _____ Amount _____ Units _____
 RECEIVED
 JUL 30 2008
 WATER RESOURCES DEPT.
 SALEM, OREGON

(9) LOCATION OF WELL (legal description)
 County Baker Twp 23 N/S Range 39E E/W WM
 Sec 20 NW/4 of the SW 1/4 Tax Lot 2300
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

15450 Cometary Lane Haines

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)
 Existing Well / Predeepening _____
 Completed Well 7-11-08 23
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 43

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
	43	303	400		23

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	4
Yellow Brown Clay & Gravel	4	30
Yellow Brown Clay	30	43
Yellow Brown Clay (to)		
Numerous of Gravel	43	303

Date Started 7-11-08 Completed 7-15-08

(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 1737 Date 7-27-08
 Password: (if filing electronically) _____
 Signed Michael J. H

(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 7-27-08
 Password: (if filing electronically) _____
 Signed Robert H. Stapp
 Contact Info (optional) _____