

BAKE 51895

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

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

LOST!
WELL LABEL # L 93947 161751

START CARD # 198627

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 Herns Rainbow Ranch
 Address Rt 1 Box 30 A
 City Haines State OR Zip 97833

(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 580 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
10	300	580					

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 _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		8		280	580	.250	X		X	

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

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

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X	X				300	570	1/4	8	750	8

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 1250 + Drawdown _____ Drill stem/Pump depth 580 Duration (hr) 3hrs

Temperature 52 °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 8 N or S Range 39 E or W W.M.
 Sec 7 NE 1/4 of the NW 1/4 Tax Lot 2100
 Tax Map Number _____ Lot _____
 Lat _____ ° _____ ' _____ " or _____ DMS or DD
 Long _____ ° _____ ' _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) Creeger Ln. Haines OR. 97833 East of potato sheds

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>7-1-08</u>			<u>17</u>
Completed Well	<u>7-20-08</u>			<u>17</u>

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>7-17-08</u>	<u>300</u>	<u>400</u>	<u>1100</u>			<u>17</u>
<u>7-19-08</u>	<u>400</u>	<u>500</u>	<u>1200</u>			<u>7</u>
<u>7-20-08</u>	<u>500</u>	<u>580</u>	<u>1250</u>			<u>7</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Coarse gravel granite</u>	<u>300</u>	
<u>sand brown clay</u>		<u>380</u>
<u>Granite sand pink clay</u>	<u>380</u>	<u>540</u>
<u>Coarse gravel light tan clay</u>	<u>540</u>	<u>580</u>

Date Started 7-1-08 Completed 7-20-08

(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 7-23-08

Signed [Signature]
 Contact Info. (optional)

541-519-0618

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 AUG 18 2008