

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

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

Amendment

BAKE 51937

Bake 51937

WELL LABEL # L 97656

START CARD # 100 5284

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 DURKEE CO-OP
 Address 35168 VANDECAN 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 55 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount
10	0	20	BENTONITE	0	20	8
6	20	55				

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

(6) CASING/LINER

Csng	Lintr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
		6	+	1	50	1/4				

Shoe Inside Outside Other Location of shoe(s) 50
 Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csng	Lintr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
					43	47	1/8x5/8		15	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
65	17	45	2 hr

Temperature 56 °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 11S N or S Range 43E E or W W.M.
 Sec 21 SW 1/4 of the SW 1/4 Tax Lot 300
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>10-5-08</u>			<u>25</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>10-5-08</u>	<u>42</u>	<u>47</u>	<u>80</u>			<u>25</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Clay Brown Hard</u>	<u>0</u>	<u>14</u>
<u>Clay Brown Soft</u>	<u>14</u>	<u>42</u>
<u>gravel + sand</u>	<u>42</u>	<u>47</u>
<u>Clay Blue</u>	<u>47</u>	<u>55</u>

RECEIVED
MAR 11 2009
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 10-5-08 Completed 10-5-08

(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 1867 Date 1-28-09
 Signed Alantina Lopez
 Contact Info. (optional) _____

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

BAKE 51937

WELL LABEL # L 97656

START CARD # 1005284

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

(1) LAND OWNER Owner Well I.D. _____
 First Name Bruce Last Name Hunter
 Company _____
 Address 1251 SW 12TH ST
 City ONTARIO State OR Zip 97914

(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 55 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	lbs
10	0	20	Bentonite	0	20	8	8
6	20	55					

How was seal placed: Method A B C D E
 Other dry pour
 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
✓		6	+	1	50	1/4	—		✓	

Shoe Inside Outside Other Location of shoe(s) 50
 Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Te/ pipe size
✓	✓				43	47	1/8 x 5/8		15	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
65	17	45	2 hr

Temperature 56 °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 11S N or S Range 43E E or W W.M.
 Sec 21 SW 1/4 of the SW 1/4 Tax Lot 300
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) 35192 VANOC CAR RD DUNKEE OR 97905

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>10-5-08</u>			<u>25</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 42

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>10-5-08</u>	<u>42</u>	<u>47</u>	<u>80</u>			<u>25</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Clay Brown Sand	0	14
Clay Brown Silt	14	42
Gravel & Sand	42	47
Clay Blue	47	55

RECEIVED
NOV 17 2008
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 10-5-08 Completed 10-5-08

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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 1867 Date 11-11-08
 Signed Alan Strout
 Contact Info. (optional) _____