

BAKE 51952

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

WELL LABEL # L 97467
 START CARD # 19 9769

(1) LAND OWNER Owner Well I.D. _____
 First Name John Last Name INMAN
 Company _____
 Address 51 SAN PEDRO ST
 City SALINAS State CA Zip 99901

(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 600 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
16"	0	22	Cement	0	21	18 SACKS
12"	22	160	Cement	0	160	90 SACKS
10"	137	306				
8"	306	600				

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

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12		+2	106	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10		+3	137	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 12" 106
10" 137
 Temp casing Yes Dia 16 From 0 To 22

(7) PERFORATIONS/SCREENS
 Perforations Method NONE
 Screens Type _____ Material _____

Perf/S	Casing/Screen	Screen/slot	Slot	# of	Tele/
creen	Liner	width	length	slots	pipe size
<u>NONE</u>					

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>150</u>		<u>580</u>	<u>4 hr</u>

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)
 From _____ To _____ Description _____
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(9) LOCATION OF WELL (legal description)
 County Baker Twp 7S N/S Range 99E E/W WM
 Sec 10 NW 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 Nearest address

48363 Hwy 30 Haines OR 97833

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)
 Existing Well / Predeepening _____
 Completed Well 12-12-08 17'
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 200

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>12-12-08</u>	<u>137</u>	<u>226</u>	<u>150</u>		<u>17'</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Top soil</u>	<u>0</u>	<u>4</u>
<u>Brown clay & gravel</u>	<u>4</u>	<u>28</u>
<u>yellow clay</u>	<u>28</u>	<u>104</u>
<u>hard sandstone</u>	<u>104</u>	<u>160</u>
<u>Granite</u>	<u>160</u>	<u>600</u>

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WATER RESOURCES DEPT
SALEM, OREGON

Date Started 10-28-08 Completed 12-12-08

(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 1690 Date 1-10-09
 Password: (if filing electronically) _____
 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.

License Number 415 Date 1-10-09
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) _____

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

WELL LABEL # L 97467
START CARD # 199769

(1) LAND OWNER Owner Well I.D.
First Name John Last Name JIMMAN
Company
Address 51 SAN PEDRO ST
City SUTCLIFF State CA Zip 92901

(9) LOCATION OF WELL (legal description)
County Butte Twp 7.5 N/S Range 89E E/W WM
Sec 10 NW 1/4 of the SE 1/4 Tax Lot 1800
Tax Map Number Lot
Lat or DMS or DD
Long or DMS or DD
[X] Street address of well [] Nearest address

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

48363 Hwy 4 30 HAINES CV 97833

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
Existing Well / Predeepening
Completed Well 12-12-08 17'
Flowing Artesian? [] Dry Hole? []

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

WATER BEARING ZONES Depth water was first found 2.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
12-12-08 150 17'

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 600 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs.
Rows: 16" 0 22 Cement 0 21 18 8224; 12" 22 160 Cement 0 160 90 5404; 10" 160 306; 8" 306 600

(11) WELL LOG Ground Elevation
Material From To
Top Soil 0 4
Brown Clay & Gravel 4 28
Brown Clay 28 104
Hard Sandstone 104 160
Granite 160 600

How was seal placed: Method [] A [] B [X] 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
Casing Liner Dia + From To Gauge Stl Plstc Wld Thr
[X] [] 12 [] +2 106 .250 [X] [] [X] []
[X] [] 10 [] +2 137 .250 [X] [] [X] []

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 12" 106, 12" 137
Temp casing [X] Yes Dia 16 From 0 To 22

(7) PERFORATIONS/SCREENS
Perforations Method NONE
Screens Type Material

Table with columns: Per/S screen, Casing/Liner Dia, From, To, Scrns/slot width, Slot length, # of slots, Tel/pipe size.
Content: NONE

Date Started 10-26-08 Completed 12-12-08
(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 1690 Date 1-10-09
Password: (if filing electronically)
Signed: [Signature]

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
150 580 4.1m

(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 1-10-09
Password: (if filing electronically)
Signed: Robert V. Stapp
Contact Info (optional)

Temperature 54°F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below)
From To Description

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