

BAKE 51965

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 100087

START CARD # 199799

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

(1) LAND OWNER Owner Well I.D. _____
 First Name John Last Name Inman
 Company _____
 Address 51 SAN PEDRO ST
 City SALINAS State CA Zip 95901

(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 TEST

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 605 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount (Scks) lbs
10	0	30	Concrete	10	30	5
6	30	605	Bentonite	0	10	2

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 _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		6		102	102	.220	✓			✓

Shoe Inside Outside Other Location of shoe(s) 6" 605"
 Temporary casing Yes Diameter 10 From 0 To 20

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

Perf	Scm	Csng	Lnr	Screen Dia	From	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
						<u>NONE</u>			

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 60 Drawdown _____ Drill stem/Pump depth 605 Duration (hr) 2 hrs

Temperature 54°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 7s N or S Range 39E E or W W.M.
 Sec 10 NW 1/4 of the 1E 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) 48363 Hwy 30
HANCOCK OR 97633

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>5-12-09</u>			<u>1'</u>

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 228

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-12-09</u>	<u>228</u>	<u>460</u>	<u>60</u>			<u>1'</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	2
Grey Clay	2	14
Gravel	14	20
Brown Clay	20	31
Blue Grey Clay	31	76
Brown Clay	76	95
Sand Stone	95	120
Grey Clay Gravel	120	152
Sand Stone	152	190
Blue Sand Stone	190	228
Granite	228	605

Date Started 5-7-09 Completed 5-12-09

(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 1640 Date 6-2-09
 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 410 Date 6-2-09
 Signed Robert V. Stoffel
 Contact Info. (optional) _____

RECEIVED
 JUN 08 2009