BAKE 52055

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

WELL LABEL # L 102114

START CARD # 201066

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

(1) LAND OWNER Owner Well I.D. _____
First Name Jerry & Irene Last Name Marsh
Company _____
Address 1820 20th Street
City Baker City State Or Zip 97814

(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 166 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amount	Sacks/lbs
10	0	18	Bentonite	0	18	9	5cks
6	18	166					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Dry Bentonite 3/8 Poured
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
✓		6	+	1	99	.250	✓		✓	
	✓	4 1/2		86	166	SDR21		✓		

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 99
Temporary casing ☐ Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
✓			✓		126	166	1/8	8	88	4 1/2

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1.5	143	170	2 hr

Temperature 50 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units
47	100	Fine Sand		

(9) LOCATION OF WELL (legal description)
County Baker Twp 9 N or ☒ S Range 40 ☒ E or W W.M.
Sec 18 D 1/4 of the D 1/4 Tax Lot 3302
Tax Map Number _____ Lot _____
Lat ___ ___° ___ ___' ___ ___.___" or ___ ___.___ ___ ___ ___ ___ DMS or DD
Long ___ ___° ___ ___' ___ ___.___" or ___ ___ ___.___ ___ ___ ___ ___ DMS or DD
Street Address of Well (or nearest address) 1820 20th Street Baker City Or 97814

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	7-13-10		-	27

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 30

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7-10-10	30	47	2		-	27
7-11-10	47	100	10		-	27
7-12-10	100	170	15		-	27

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	1
Brown clay sand gravel	1	12
Redish Brown clay sand gravel	12	43
Tan clay sand gravel w/b	43	47
Redish Brown Clay sand gravel w/b	47	60
Tan clay sand gravel w/b	60	100
Brown Clay gravel	100	170
well caved in from 170 TO 166 RQR		

Date Started 7-8-10 Completed 7-13-10

(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 _____

RECEIVED
AUG 09 2010
WATER RESOURCES DEPT
SALEM, OREGON

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 1837 Date 7-20-10

Signed _____

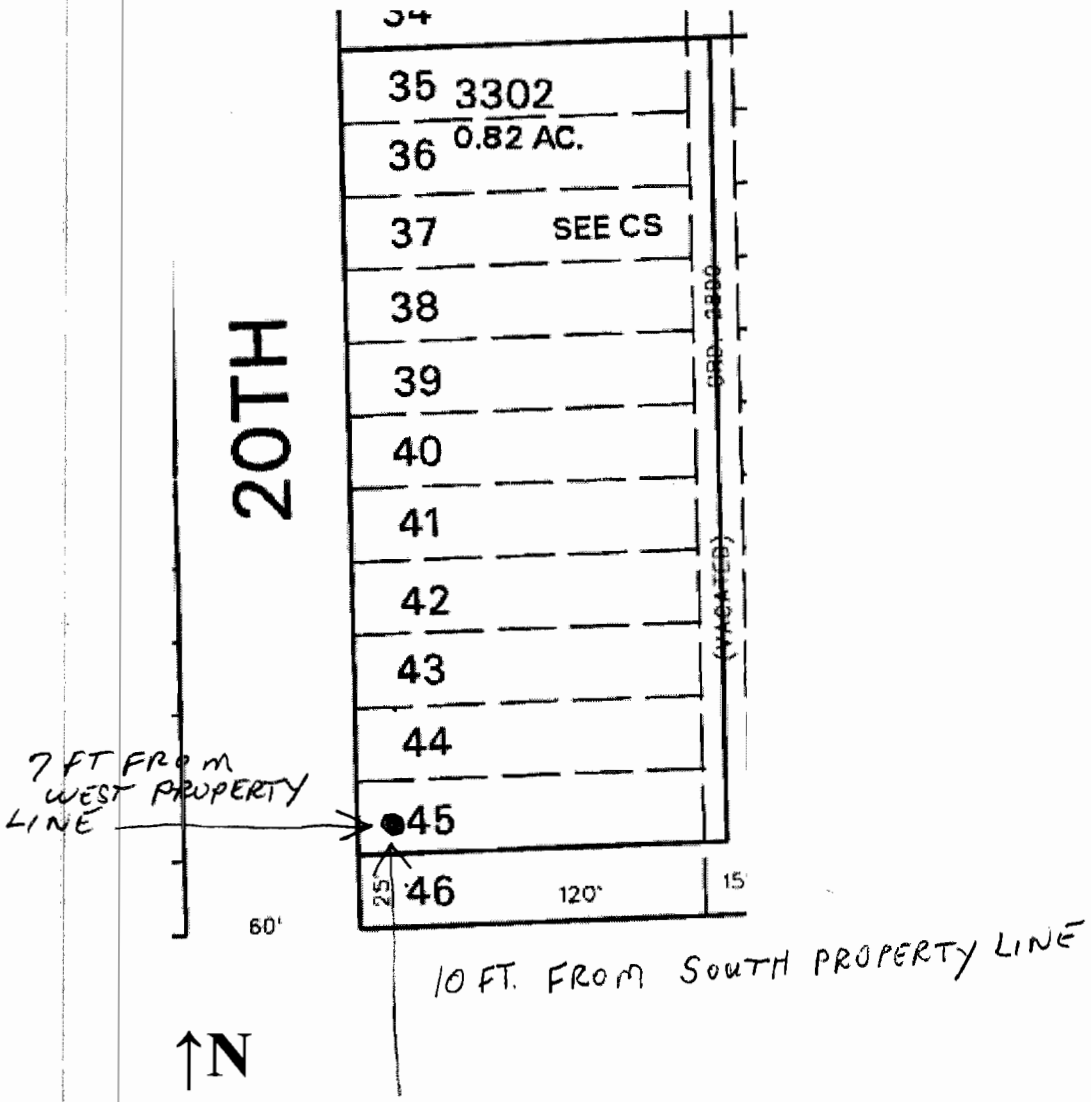
Contact Info. (optional)

RECEIVED
NOV 18 2010
WATER RESOURCES DEPT
SALEM, OREGON

ORIGINAL – WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 10/16/2006

BAKE 52055

EXEMPT USE WELL LOCATION MAP



Baker County
Assessor Map Reference Number: **9S 40E 18 SESE; Tax Lot 3302.**
Street Address of Well, if Available: **1820 20th Street, Baker City, OR.**
Well Log # **BAKE 52055**. Well Label (ID) # **L 102114.** (Please Locate Well and Indicate distance From Property or Survey Corner, See Attached Sample Well Location Map.). **You may also locate your well using our exempt use well mapping tool on our website at www.wrd.state.or.us/owrd/exempt_use_788_info.shtml or by contacting the Exempt Use Well Program Coordinator at 503 986-0861.**

PAPER MAP NOT TO SCALE