

Bake 52117

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

WELL LABEL # L 101882

START CARD # 206891

(1) LAND OWNER Owner Well I.D. First Name Burt Last Name Sidway Company Address P.o. Box 115 City Durkee State Or Zip 97905

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] Attach copy Depth of Completed Well 395 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Row 1: 16, 0, 31, Bentonite, 0, 31, 2,200, P. Row 2: 8, 31, 395.

How was seal placed: Method [] A [] B [X] C [] D [] E Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: [] Yes Type Amount

(6) CASING/LINER Table with columns: Casing Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes diagrams of casing types.

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 34 Temp casing [X] Yes Dia 16 From 0 To 20

(7) PERFORATIONS/SCREENS Table with columns: Perf/S green, Casing/ Liner, Screen Dia, From, To, Scm/slot width, Slot length, # of slots, Tele/ pipe size.

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

Temperature 62 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description) County BAKER Twp 11 S N/S Range 43 E E/W WM Sec 19 NE 1/4 of the NE 1/4 Tax Lot 200 Tax Map Number Lot Lat Long Street address of well Nearest address .25 west on Burnt River Canyon Ln. off Old Hwy 30

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Predeepening Completed Well 04-05-2011 6 Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 9 Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft).

(11) WELL LOG Ground Elevation Material From To Top Soil 0 2 Brown Clay 2 9 Sand & Gravel 9 15 Brown Clay 15 21 Hard Blue Clay 21 45 Hard Blue Clay w/sandstone 45 365 Hard Blue Clay 365 390 Black and Brown Basalt 390 395 RECEIVED MAY 13 2011 RECEIVED JUN 30 2011 WATER RESOURCES DEPT SALEM, OREGON WATER RESOURCES DEPT SALEM, OREGON

Date Started 03-04-2011 Completed 04-05-2011

(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. License Number Date Password: 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. License Number 682 Date 04-29-2011 Password: Signed Contact Info (optional)

BAKE 52117

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

WELL LABEL # L 101882

START CARD # 206891

(1) LAND OWNER Owner Well I.D. _____

First Name Burt Last Name Sidway
 Company _____
 Address P.o. Box 115
 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
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
 Depth of Completed Well 395 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
16	0	31	Bentonite	0	31	2,200 P
8	31	395				

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"/>	8		2	34	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 34

Temp casing Yes Dia 16 From 0 To 20

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

(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		395	2

Temperature 62 °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 11 S N/S Range 43 E E/W WM
 Sec 19 NE 1/4 of the NE 1/4 Tax Lot 200
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

.25 west on Burnt River Canyon Ln. off Old Hwy 30

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening			
Completed Well	04-05-2011		6

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-09-2011	9	15	10		12
04-05-2011	45	365	150		6

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	2
Brown Clay	2	9
Sand & Gravel	9	15
Brown Clay	15	21
Hard Blue Clay	21	45
Hard Blue Clay w/sandstone	45	365
Hard Blue Clay	365	390
Black and Brown Basalt	390	395

RECEIVED

MAY 13 2011

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 03-04-2011 Completed 04-05-2011

(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 _____
 Password : (if filing electronically) _____
 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 682 Date 04-29-2011
 Password : (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) _____