

Bake 52182

STATE OF OREGON WATER SUPPLY WELL REPORT

BAKE 52182

WELL LABEL # L 48028 START CARD # 204-286 ORIGINAL LOG # 51936

(ORS 537.765 & OAR 690-205-0210)

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

(1) LANDOWNER Owner Well I.D. First Name D. East Last Name Sturtevant Company Address P.O. Box 223 City Wilson State OR Zip 97133

(2) TYPE OF WORK [] New [] Conversion [X] Deepening [] Alteration (complete Sections 2a & 10) [] Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth ft. Seal Material Casing Type: [] Steel [] Plastic [] Other Casing Gauge Casing Diameter

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

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

(5) BORE HOLE CONSTRUCTION Depth of Completed Well 400 ft. Special Standard: [] Yes (attach copy)

Table with columns: Dia, From, To, Material, From, To, Amount, Scks/lbs. Row 1: 6, 100, 400, Seal, , , ,

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE: Calculated Amount Proposed to be Used: sacks/lbs Actual Amount Used: sacks/lbs

(6) CASING/LINER Table with columns: Casing, Liner, Dia, From, To, Gauge, Steel, Plastic, Welded, Thrd. Row 1: X, 6, 2, 748, 252, , , X, ,

Shoe [X] Inside [] Outside [] Other Location of shoe(s) Temporary casing [] Yes Diameter From To

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material

Table with columns: Perf, Scrn, Casing, Liner, Screen Dia, From, To, Screen slot width, Slot length, # of slots, Tele/pipe size

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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 12, 36.5, 400, 2hr

Temperature 54 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) TDS ppm

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description) County Clatsop Twp 7 N or S Range 35 E or W W.M. Sec 27 SE 1/4 of the SW 1/4 Tax Lot 301 Tax Map Number Lot Lat Long DMS or DD

Street Address of Well (or nearest address) 46601 Foothill Rd Haines OR 97133

(10) STATIC WATER LEVEL Table with columns: Existing Well/Pre-Alteration, Date, SWL (psi), SWL (ft). Row 1: , 11-3-11, , 35

WATER BEARING ZONES Depth water was first found 45 Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft)

(11) WELL LOG Ground Elevation Table with columns: Material, From, To. Row 1: Carbon Rock Seal, 100, 242

RECEIVED FEB 24 2012 WATER RESOURCES DEPT SALEM, OREGON RECEIVED NOV 09 2011 WATER RESOURCES DEPT SALEM, OREGON

Date Started 11-3-11 Completed 11-8-11

(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 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 Date Signed Contact Info. (optional)

