

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

BAKE 52215
7/20/2012

WELL I.D. LABEL# L 108778
START CARD # 207695
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name EDWIN ROBERT Last Name STEVENS
Company
Address 47667 LOENNIG RD
City HAINES State OR Zip 97833

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

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrld
Casing: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Material From To Amt sacks/lbs
Seal: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

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

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 428.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Rows include Bentonite and Cement.

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Actual Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 218
Temp casing [X] Yes Dia 12 From 0 To 10

(7) PERFORATIONS/SCREENS
Perforations Method Touch
Screens Type \_\_\_ Material \_\_\_
Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots 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)
400 [ ] [ ] 180 3

Temperature 54 °F Lab analysis [ ] Yes By \_\_\_
Water quality concerns? [ ] Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County BAKER Twp 7.00 S N/S Range 38.00 E E/W WM
Sec 14 SE 1/4 of the SE 1/4 Tax Lot 800
Tax Map Number Lot
Lat ' " or " DMS or DD
Long ' " or " DMS or DD
[ ] Street address of well [X] Nearest address
14498 MANSFIELD LANE

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration [ ] [ ]
Completed Well 6/20/2012 [ ] 14
Flowing Artesian? [ ] Dry Hole? [ ]

Table: WATER BEARING ZONES. Columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Rows: 6/20/2012, 245, 268, 250, 14; 6/20/2012, 302, 310, 150, 14.

(11) WELL LOG
Ground Elevation \_\_\_
Material From To
Top Soil 0 4
Brown Clay 4 26
Brown Clay & Gravel 26 169
Brown Clay 169 202
Consolidated Rock-Granite 202 238
Fractured Granite Rock 238 268
Granite Rock 268 302
Fractured Granite Rock 302 310
Granite Rock 310 428

Date Started 6/2/2012 Complete 6/20/2012

(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 \_\_\_
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 1640 Date 7/20/2012
Signed JEFF STOFFEL (E-filed)
Contact Info (optional) Jeff Stoffel