

BAKE 52233

STATE OF OREGON WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

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

WELL LABEL # L 109654 START CARD # 209083 ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D. First Name Charles Last Name Martin Company Address PO Box 204 City Sumpter State OR Zip 97877

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

(2a) PRE-ALTERATION: Well Depth 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 [X] Domestic [] Irrigation [] Community [] Industrial/Commercial [] Livestock [] Dewatering [] Injection [] Thermal [] Other

(5) BORE HOLE CONSTRUCTION Depth of Completed Well 150 ft. Special Standard: [] Yes (attach copy)

Table with columns: BORE HOLE (Dia, From, To, Material) and SEAL (From, To, Amount, Sacks/lbs). Includes handwritten entries for bentonite seal.

How was seal placed: Method [] A [] B [] C [] D [] E [X] Other 3/8 poured dry Backfill placed from filter pack from

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

(6) CASING/LINER Table with columns: Casing/Liner, Dia, Gauge, Steel, Plastic, Welded, Thrd. Includes handwritten entries for 118 and 150 diameters.

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 118 Temporary casing [] Yes Diameter From To

(7) PERFORATIONS/SCREENS Perforations Method Slotted pipe Screens Type Material PVC

Table for Perforations/Screening 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 Yield gal/min 35 Drawdown 138 Drill stem/Pump depth 165 Duration (hr) 2hr Temperature 55 F Lab analysis [] Yes [] No Water quality concerns? [] Yes (describe below) TDS ppm

(9) LOCATION OF WELL (legal description) County Baker Twp 9 N or S Range 37 E or W W.M. Sec 32 SE 1/4 of the NE 1/4 Tax Lot 1100 Tax Map Number Lot Lat Long DMS or DD

Street Address of Well (or nearest address) 640 S. Mill St. Sumpter OR 97877

(10) STATIC WATER LEVEL Date 9-19-14 SWL (psi) 27 Existing Well/Pre-Alteration Completed Well

Table for WATER BEARING ZONES with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft). Includes handwritten entries for various dates and depths.

(11) WELL LOG Ground Elevation Material From To. Includes handwritten entries for Brown Clay Broken Rock, Grey Clay Black Broken Rock, Black Broken Rock w/ Quartz Grey Clay, well caved. Includes 'RECEIVED BY OWRD' stamps and dates.

Date Started 9-17-12 Completed 9-19-12

(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 1816 Date 9-20-12 Signed Contact Info. (optional) 541-579-0618

STATE OF OREGON
WATER SUPPLY WELL REPORT

BAKE 52233

WELL LABEL # L 109654
START CARD # 209083
ORIGINAL LOG # _____

(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 Charles Last Name Martin
Company _____
Address PO Box 204
City Sumpter State OR Zip 97877

(2) TYPE OF WORK New Conversion 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 Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 150 ft. Special Standard: Yes (attach copy)

| BORE HOLE | | | SEAL | | | | |
|-----------|------|-----|----------|------|----|--------|-----------|
| Dia | From | To | Material | From | To | Amount | Sacks/lbs |
| 10 | 0 | 18 | Bent. | 0 | 18 | | 10 |
| 6 | 18 | 165 | | | | | |

How was seal placed: Method A B C D E
 Other 3/8 poured dry
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

| Csgn | Linr | Dia | + | From | To | Gauge | Steel | Plastic | Welded | Thrd |
|------|------|-----|---|------|-----|-------|-------|---------|--------|------|
| ✓ | | 6 | | 2 | 118 | .250 | ✓ | | ✓ | |
| | ✓ | 4.5 | | 110 | 150 | | | ✓ | | |

Shoe Inside Outside Other Location of shoe(s) 118
Temporary casing Yes Diameter _____ From _____ To _____

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

| Perf | Scrn | Csgn | Linr | Screen Dia | From | To | Screen/slot width | Slot length | # of slots | Tele/pipe size |
|------|------|------|------|------------|------|-----|-------------------|-------------|------------|----------------|
| ✓ | | | ✓ | | 130 | 150 | 1/4 | 6 | 30 | 4.5 |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 35 Drawdown 138 Drill stem/Pump depth 165 Duration (hr) 2hr.
Temperature 55 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County Baker Twp 9 N or S Range 37 E or W W.M.
Sec 32 SE 1/4 of the NE 1/4 Tax Lot 1100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) 640 S. Mill St.
Sumpter OR 97877

(10) STATIC WATER LEVEL

| Existing Well/Pre-Alteration | Date | SWL(psi) | + | SWL (ft) |
|------------------------------|----------------|----------|---|-----------|
| Completed Well | <u>9-19-14</u> | | | <u>27</u> |

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 60

| SWL Date | From | To | Est Flow | SWL (psi) | + | SWL (ft) |
|----------------|------------|------------|-----------|-----------|---|-----------|
| <u>9-17-12</u> | <u>60</u> | <u>120</u> | <u>6</u> | | | <u>27</u> |
| <u>9-19-12</u> | <u>120</u> | <u>140</u> | <u>10</u> | | | |
| <u>9-19-12</u> | <u>140</u> | <u>165</u> | <u>25</u> | | | <u>S</u> |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|--|------------|------------|
| <u>Brown Clay Broken Rock</u> | <u>0</u> | <u>60</u> |
| <u>Grey clay Black Broken Rock</u> | <u>60</u> | <u>120</u> |
| <u>Black Broken Rock w/ Quartz Grey Clay</u> | <u>120</u> | <u>165</u> |

RECEIVED BY OWRD
SEP 24 2012
SALEM, OR

Date Started 9-17-12 Completed 9-19-12

(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 1816 Date 9-20-12
Signed [Signature]
Contact Info. (optional) 541-519-0618