

STATE OF OREGON
WATER SUPPLY WELL REPORT

BAKE 52242

BAKE 52242

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 98028

START CARD # 209061

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

ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D. _____
 First Name Brent Last Name Stumbaugh
 Company _____
 Address P.O. Box 223
 City Haines State OR. Zip 97833

(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 600 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
6	400	600					

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

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

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

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

Perf	Scrn	Csng	Linr	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 Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
35	565	600	1.0

 Temperature 54 °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 7 N or S Range 38 or W. W.M.
 Sec 27 SE 1/4 of the SW 1/4 Tax Lot 301
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) 46601 Foothill Rd.
Haines OR 97833

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>10-5-12</u>			<u>35</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 35

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>10-5-12</u>	<u>400</u>	<u>600</u>				<u>35</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Decomposed Granite w/ pink clay</u>	<u>400</u>	<u>600</u>

RECEIVED BY OWRD
 RECEIVED BY OWRD
 OCT 22 2012
 SALEM, OR
 SALEM, OR
 JAN 03 2013

Date Started 10-1-12 Completed 10-5-12

(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 10-10-12
 Signed _____
 Contact Info. (optional) _____

541-519-0618

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

BAKE 52242

WELL LABEL # L 98028

START CARD # 209061

ORIGINAL LOG # _____

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

(1) LANDOWNER Owner Well I.D. _____
 First Name Brent Last Name Stambaugh
 Company _____
 Address P.O. Box 223
 City Haines State OR. Zip 97833

(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 600 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
6	400	600					

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

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

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

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

Perf	Scrn	Csng	Lnr	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 Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>35</u>	<u>565</u>	<u>600</u>	<u>1hr</u>

Temperature 54 °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 7 N or 0 Range 38 or W W.M.
 Sec 27 SE 1/4 of the SW 1/4 Tax Lot 301
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 46601 Foothill Rd.
Haines OR 97833

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL(psi)	+	SWL (ft)
Completed Well	<u>10-5-12</u>			<u>35</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>10-5-12</u>	<u>400</u>	<u>600</u>				<u>35</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Decomposed Granite w/ pink clay</u>	<u>400</u>	<u>600</u>

RECEIVED BY OWRD

OCT 22 2012

SALEM, OR

Date Started 10-1-12 Completed 10-5-12

(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 10-10-12

Signed [Signature]
 Contact Info. (optional) _____

541-519-0618