

BAKE 52250
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Amended

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 109659

START CARD # 209068

ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company Ash Grove Cement Co
Address 33060 Shorthill Cr. Rd.
City Quakee State OR. Zip 97905

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

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount (sacks/lbs)
10	0	19	Best.	0	19	13
6	19	120				

How was seal placed: Method A B C D E
 Other 3/4 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

Casing	Liner	Dia	From	To	Gauge	Steel	Plastic	Welded	Thrd
<input checked="" type="checkbox"/>		6	2	78	.250	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 78
Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrm	Casing	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 75 Drawdown 78 Drill stem/Pump depth 78 Duration (hr) 2hr.

Temperature 66 °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 12 N or S Range 43 E or W W.M.
Sec 11 ~~10E~~ 1/4 of the SW 1/4 Tax Lot 1800
Tax Map Number SE Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) Same as (1)

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>12-20-12</u>	<u>75</u>	<u>+/-</u>	<u>1psi</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>12-20-12</u>	<u>60</u>	<u>120</u>	<u>75</u>	<u>+/-</u>		<u>1psi</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Brown Clay</u>	<u>0</u>	<u>40</u>
<u>Brown Clay Broken</u>	<u>40</u>	<u>55</u>
<u>Rock</u>		<u>55</u>
<u>Black Slate Brown</u>	<u>55</u>	<u>60</u>
<u>Clay</u>		<u>60</u>
<u>Black Slate Broken</u>	<u>60</u>	<u>120</u>
<u>Limestone</u>		<u>120</u>

Well cased to 80' RECEIVED BY OWRD
JAN 24 2013
SALEM, OR

Date Started 12-19-12 Completed 12-20-12

(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 MAR 7 2014

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 1-4-13
Signed [Signature]
Contact Info. (optional)

541-519-0618