

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

BAKE 52322
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WELL I.D. LABEL# L 112636
START CARD # 1021900
ORIGINAL LOG #

1/8/2014

(1) LAND OWNER Owner Well I.D. _____
First Name MICHAEL & NICKY Last Name MCGINNIS
Company _____
Address 26344 MEDICAL SPRINGS HWY
City BAKER CITY State OR Zip 97814

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 305.00 ft.

BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	18	Bentonite Chips	0	18	15	S
8	18	305					

How was seal placed: Method A B C D E
 Other POURED DRY
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
 8 2 18 .250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot width Slot length # of slots Tel/ pipe size

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tel/ 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)
400 _____ 305 2

Temperature 56 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount
From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County BAKER Twp 7.00 S N/S Range 41.00 E E/W WM
Sec 10 NE 1/4 of the SE SW 1/4 Tax Lot 1800
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

SAME AS ABOVE.

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 12/29/2013 _____ 63
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
12/29/2013	285	305	400		63

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	0.5
BROWN BASALT	0.5	6
BLACK BASALT	6	30
BLACK BASALT CINDERS	30	40
BLACK BASALT	40	160
GREY BASALT GREENSTONE	160	285
GREY BASALT GREENSTONE W/ VOIDS	285	305

RECEIVED BY OWRD
JUL 07 2014
SALEM, OR

Date Started 12/27/2013 Complete 12/29/2013

(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 1/8/2014
Signed STEVEN J COLEY (E-filed)
Contact Info (optional) 541-519-0618