

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

BAKE 52339

WELL I.D. LABEL# L

114084

START CARD #

1022619

5/2/2014

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.

First Name GREG Last Name SACKOS
Company
Address 1425 CAMPBELL ST
City BAKER CITY State OR Zip 97814

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Table with columns: Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 12, 0, 575, .365, [X], [], [], [].

(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 575.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, Sacks/lbs. Rows: Bentonite Chips, Cement.

How was seal placed: Method [] A [] B [] C [X] D [] E

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

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Rows: 12, 12.

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 20

Temp casing [X] Yes Dia 16 From 0 To 20

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

Table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 1000, 560, 5.

Temperature 56 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below) TDS amount

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County BAKER Twp 9.00 S N/S Range 40.00 E E/W WM

Sec 18 SW 1/4 of the SE 1/4 Tax Lot 700

Tax Map Number Lot

Lat " or DMS or DD

Long " or DMS or DD

[] Street address of well [X] Nearest address

568' NORTH AND 671' EAST OF THE S 1/4 CORNER, SECTION 18

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Rows: Existing Well / Pre-Alteration, Completed Well.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft).

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Row 1: Tan clay w/ gravel and sand med hard, 0, 21.

Date Started 3/28/2014 Complete 4/7/2014

(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 1606 Date 5/2/2014

Signed JOHN MARCIEL (E-filed)

Contact Info (optional)