BAKE 52	ANGEL I I D. I ADDEL #I
	E 52341 WELL I.D. LABEL# L 112636 START CARD # 1022795
WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205.0210) 5/5/	2014) ORIGINAL LOG #
(1) LAND OWNER Owner V D.	UNION NE EUG II
First Name MICHAEL & NICKY Last Name MCGINNIS	(9) LOCATION OF WELL (legal description)
Company	County PAKER Twp 7.00 S N/S Range 41.00 E E/W WM
Address 26344 MEDICAL SPRINGS HWY City BAKER CITY State OR Zip 97814	Sec 1/4 NE 1/4 of the SE 1/4 Tax Lot 1800
(2) TYPE OF WORK New Well X Deepening Conversion	Tax Map Number Lot
X Alteration (complete 2a & 10) Abandonment(complete 5a)	Lat o o o o o o o o o o o o o o o o o o o
(2a) PRE-ALTERATION Dia + From To Gauge Stl Plste Wld Thrd	Long Omega or DD DMS or DD Street address of well Nearest address
Casing: 8 X 2 18 250 • X	26344 MEDICAL SPRINGS HWY
Material From To Amt sacks/lbs	
Seal: Bentonite Chips 0 18 15 Sacks (3) DRILL METHOD	(10) STATIC WATER LEVEL
Rotary Air Rotary Mud Cable Auger Cable Mud	Date SWL(psi) + SWL(ft)
Reverse Rotary Other	Existing Well / Pre-Alteration 4/15/2014 63 63 Completed Well 4/29/2014 63
(4) PROPOSED USE Domestic Irrigation Community	Flowing Artesian? Dry Hole?
Industrial/ Commercial Livestock Dewatering	WATER BEARING ZONES Depth water was first found
Thermal Injection Other	SWL Date From To Est Flow SWL(psi) + SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy	
Depth of Completed Well 405.00 ft. BORE HOLE SEAL sacks/	
BORE HOLE SEAL sacks/ Dia From To Material From To Amt lbs	
16 0 45 Bentonite Chips 0 45 31 S	
12 45 290 8 290 405	
0 270 100	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	Material From To
X Other POURED DRY Backfill placed from ft. to ft. Material	EXISTING WELL 0 305
Filter pack from ft. to ft. Material Size	
Explosives used: Yes Type Amount	
(5a) ABANDONMENT USING UNHYDRATED BENTONITE	
Proposed Amount Actual Amount	RECEIVED BY OWRE
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	HECEIVED BY CANTE
	11 0 T 0014
(•) C 12 × 2 45 .250 (•) C × 1	JUL 0 7 2014
RAHH H	SALEM, OR
Shoe Inside Other Location of shoe(s) 45	
Temp casing Yes Dia From To	
(7) PERFORATIONS/SCREENS	
Perforations Method Screens Type Material	Date Started4/15/2014 Complete 4/29/2014
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/	4
Screen Liner Dia From To width length slots pipe size	(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
(8) WELL TESTS: Minimum testing time is 1 hour	
Pump Bailer • Air Flowing Artesian	Signed
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	(bonded) Water Well Constructor Certification
250 405 3	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
Temperature 56 °F Lab analysis Yes By	construction standards. This report is true to the best of my knowledge and belief.
Water quality concerns? Yes (describe below) TDS amount From To Description Amount Units	License Number 1816 Date 5/5/2014
From To Description Amount Units	Signed STEVEN J COLEY (E-filed)
	Contact Info (optional) 541-519-0618