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

BAKE 52401

WELL I.D. LABEL# L 112636
START CARD # 1025904
ORIGINAL LOG #

(as required by ORS 537.765 & OAR 690-205-0210)	4/17/20	015	ORIGINAL LOG#		
(1) LAND OWNER Owner Well I.D.					
First Name MICHEAL & NICKY Last Name MCGINNIS]((9) LOCATIO	N OF WELL (legal d	lescription)	
Company			Twp <u>7.00 S N</u>		E E/W WM
Address 26344 MEDICAL SPRINGS HWY City BAKER CITY State OR Zip 97814			1/4 of the SE		
City BAKER CITY State OR Zip 97814 (2) TYPE OF WORK New Well Deepening Converse	ion T	ax Map Number _		Lot	
Alteration (complete 2a & 10) Abandonment(com	Inlete 5a)	ato	_'" or		DMS or DD
(2a) PRE-ALTERATION	L	ong	' or		DMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd	-			arest address	
Casing: 12 × 2 34 .250 • X		26344 MEDICAL S			
Material From To Amt sacks/lbs Seal: Bentonite Chips 0 34 31 Sacks	<u> </u>	BAKER CITY, OR	9/814		
(3) DRILL METHOD	 [(10) STATIC V	VATER LEVEL		
Rotary Air Rotary Mud Cable Auger Cable Mud	`		Date		SWL(ft)
Reverse Rotary Other		Existing Well / Completed Wel	Pre-Alteration 3/31/2015		63
(4) PROPOSED USE Domestic Irrigation Community		completed wel	Flowing Artesian?	Dry Hole?	
Industrial/ Commercial Livestock Dewatering	, w	ATER BEARING	_	ater was first found	
Thermal Injection Other	"		=	t Flow SWL(psi)	
		SWE Date 1	TOTAL TO LIST	Tiow SwL(psi)	- SWL(II)
(5) BORE HOLE CONSTRUCTION Special Standard (Att Depth of Completed Well ft.	tach copy)				
BORE HOLE SEAL	sacks/				
Dia From To Material From To Am					
12 0 305 Cement 0 46 21					
8 305 400 Calculated 15.0	01				
Calculated	<u> </u>	(11) WELL LOG Ground Elevation			
How was seal placed: Method A B X C D	E	Ma	terial	From	To
Other					
Backfill placed from 46 ft. to 50 ft. Material BENTONITE	—— <u> </u>				
Filter pack from ft. to ft. Material Size	⊩				
Explosives used: Yes Type Amount					
(5a) ABANDONMENT USING UNHYDRATED BENTONITI	E				
Proposed Amount Actual Amount					
(6) CASING/LINER					
Casing Liner Dia + From To Gauge Stl Plstc W Image: Stl Plstc 8 2.5 277.5 .250 X X					
	┧┞┩				
	┥┝┩╟				
	┚╚				
	┚┖				
Shoe Inside Outside Other Location of shoe(s)					
Temp casing Yes Dia From To					
7) PERFORATIONS/SCREENS					
Perforations Method	- -	Date Started3/31	/2015	-1-4- J 4/0/2015	
Perf/ Casing/ Screen Scrn/slot Slot # of	Tele/			pleted <u>4/9/2015</u>	
Screen Liner Dia From To width length slots	pipe size	` ′	Well Constructor Certifi		. 1
			ork I performed on the conis well is in compliance		
			rds. Materials used and in		
	t	the best of my know	ledge and belief.		
	I	License Number	D	ate	
(8) WELL TESTS: Minimum testing time is 1 hour		Signed			
Pump Bailer Air Flowing Arte	esian				
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)		<i>'</i>	ell Constructor Certificat		
			ity for the construction, d		
			this well during the constru this time is in compliance		
Temperature °F Lab analysis Yes By	c	construction standar	ds. This report is true to th	e best of my know	ledge and belief.
Water quality concerns? Yes (describe below) TDS amount	I	License Number 18	516 Da	ate 4/17/2015	
From To Description Amount C	Units	_		·	
			J COLEY (E-filed)		
		Contact Info (option	ai) <u>3+1-317-0018</u>		