

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

WELL I.D. LABEL# L 114087
START CARD # 1026170
ORIGINAL LOG # BAKE 52368

5/22/2015

(1) LAND OWNER
Owner Well I.D.
First Name LARRY Last Name WAGMAN
Company
Address 64980 N POWDER RVER LANE
City NORTH POWDER State OR Zip 97867

(2) TYPE OF WORK
New Well [] Deepening [x] Conversion []
Alteration (complete 2a & 10) [x] Abandonment (complete 5a) []

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: 8 257 531 188
Material From To Amt sacks/lbs
Seal:

(3) DRILL METHOD
Rotary Air [x] Rotary Mud [x] Cable [] Auger [] Cable Mud []
Reverse Rotary [] Other []

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

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 580.00 ft.
BORE HOLE
Dia From To Material SEAL To Amt sacks/lbs

How was seal placed: Method [] A [] B [] C [] 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
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
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 Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
Pump [] Bailer [] Air [x] Flowing Artesian []
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
800 570 1

Temperature 57 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County BAKER Twp 7.00 S N/S Range 39.00 E E/W WM
Sec 8 SW 1/4 of the NW 1/4 Tax Lot 800
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
Street address of well [] Nearest address [x]
2580 FT SOUTH AND 312 FT EAST OF NW CORNER SEC 8

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 4/9/2015 2 [x] 2
Completed Well 4/21/2015 2 [x] 2
Flowing Artesian? [x] Dry Hole? []
WATER BEARING ZONES Depth water was first found 53.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
4/20/2015 385 580 800 2 [x] 2

(11) WELL LOG
Ground Elevation
Material From To
existing well 0 531
Black med hard fractured basalt 531 533
Black med hard broken basalt 533 568
Black med hard fractured basalt 568 580
RECEIVED BY OWRD
JUL 20 2015
SALEM, OR

Date Started 4/9/2015 Completed 4/21/2015

(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 1606 Date 5/22/2015
Signed JOHN MARCIEL (E-filed)
Contact Info (optional)

