BAKE 524	190 Page 1 of 1
STATE OF OREGON	WELL I.D. LABEL# L
WATER SUPPLY WELL REPORT	START CARD # 1029976
(as required by ORS 537.765 & OAR 690-205-0210) 4/25	5/2016 ORIGINAL LOG #
(1) LAND OWNER Owner Well I.D.	
First Name MARCUS & BARBARA Last Name SACKOS TTEE	(9) LOCATION OF WELL (legal description)
Company Address 1425 CAMPBELL	County BAKER Twp 9.00 S N/S Range 39.00 E E/W WM
City BAKER CITY State OR Zip 97814	Sec <u>13</u> <u>NE</u> 1/4 of the <u>NE</u> 1/4 Tax Lot <u>100</u>
2) TYPE OF WORK New Well Deepening Conversion	Tax Map Number Lot
Alteration (complete 2a & 10) Abandonment(complete 5a	Lat OMS or DD or DMS or DD OMS OR ONS ON ON ON OMS O
2a) PRE-ALTERATION	Long°' or DMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd	18373 W. CAMPBELL LOOP
Material From To Amt sacks/lbs	
Seal:	
(3) DRILL METHOD	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
Rotary Air Rotary Mud Cable Auger Cable Mud	Existing Well / Pre-Alteration
Reverse Rotary Other	Completed Well 3/25/2016 21
4) PROPOSED USE Domestic Irrigation Community	Flowing Artesian? Dry Hole?
Industrial/Commericial Livestock Dewatering	WATER BEARING ZONES Depth water was first found <u>195.00</u>
Thermal Injection Other	- SWL Date From To Est Flow SWL(psi) + SWL(ft)
5) BORE HOLE CONSTRUCTION Special Standard (Attach cop	y) <u>3/25/2016</u> 195 <u>320</u> 250 <u>21</u>
Depth of Completed Well <u>320.00</u> ft.	
BORE HOLE SEAL sack: Dia From To Material From To Amt Ibs	
12 0 30 Bentonite 0 30 19 S	
8 30 320 Calculated 17.01	
Calculated	(11) WELL LOG Ground Elevation
How was seal placed: Method $A \square B \square C \square D \square E$	Material From To
Not was stal placed Intenso Intenso Intenso Intenso Nother POURED DRY	TOP SOIL 0 3
Backfill placed from ft. to ft. Material	BROWN CLAY, SAND, GRAVEL 3 6
Filter pack from ft. to ft. Material Size	HARD BROWN CLAY6195GRAVEL,SAND,BROWN CLAY195320
Explosives used: Yes Type Amount	- GRAVEL, SAND, BROWN CLAT
5a) ABANDONMENT USING UNHYDRATED BENTONITE	
Proposed Amount Actual Amount	
6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plste Wld Three	
Casing Liner Dia + From To Gauge St Plstc Wld Thro \bigcirc 8 \boxtimes 2 298 .250 \bigcirc \boxtimes \boxtimes \boxtimes	RECEIVED BY OWRD
	IIIN 2 3 2017
Shoe X Inside Outside Other Location of shoe(s) 298	
Shoe X Inside Outside Other Location of shoe(s) 298Temp casing X Yes Dia 12From 0To 20	SALEM, OR
7) PERFORATIONS/SCREENS Perforations Method HOLTE	
Screens Type Material	Date Started 3/18/2016 Completed 3/25/2016
Perf/ Casing/Screen Scrn/slot Slot # of Tele/ Screen Liner Dia From To width length slots pipe size	
Perf Casing 8 200 290 25 1 2000	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
B) 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
250 300 4	I accept responsibility for the construction, deepening, alteration, or abandonmen
	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.
Temperature 55 °F Lab analysis Yes By	
Water quality concerns? Yes (describe below) TDS amount 609 From To Description	License Number Date/25/2016
	Signed STEVEN J COL'EY (E-filed)
	Contact Info (optional)
ORIGINAL - WATER RESOURCES	S DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: