

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

BAKE 52582

WELL I.D. LABEL# L 117894
START CARD # 1034759
ORIGINAL LOG #

1/7/2018

(1) LAND OWNER
Owner Well I.D.
First Name MIKE Last Name FREI
Company HARVEST WEST INVESTMENTS LLC
Address 16904 JUANITA DR NE SUITE 269
City KENMORE State WA Zip 98028

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

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

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

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

(5) BORE HOLE CONSTRUCTION
Special Standard (Attach copy)
Depth of Completed Well 548.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Rows include Cement and Calculated values.

How was seal placed: Method A B C D E
Other

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 Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Temperature 60 °F Lab analysis Yes By
Water quality concerns? Yes (describe below) TDS amount 20 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County BAKER Twp 8.00 S N/S Range 40.00 E E/W WM
Sec 2 SE 1/4 of the SW 1/4 Tax Lot 905
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
Street address of well Nearest address

CONROE RD THEN EAST OVER HWY 84

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 8/16/2017 76
Flowing Artesian? Dry Hole?

Table: WATER BEARING ZONES. Columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Rows: 7/19/2017, 8/8/2017.

(11) WELL LOG
Ground Elevation
Material From To
Tan clay some large gravel 0 22
Brown clay and gravel med hard 22 26
Gray hard basalt 26 30
Brown lava med hard 30 60
Gray hard basalt 60 92
Brown med hard basalt 92 112
Gray med hard fractured basalt 112 150
Brown basalt fractured med hard 150 160
Gray hard basalt 160 165
Gray Fractured basalt 165 176
Gray hard basalt 176 261
Gray fractured basalt med hard 261 450
Gray med hard basalt 450 510
Gray hard basalt 510 548

Date Started 6/2/2017 Completed 8/16/2017

(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 1/7/2018
Signed JOHN MARCIEL (E-filed)
Contact Info (optional)