

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

BAKE 52645

WELL I.D. LABEL# L 133900
START CARD # 1041687
ORIGINAL LOG #

5/13/2019

(1) LAND OWNER
Owner Well I.D.
First Name BRAD Last Name ALLEN
Company
Address 48748 MCCARTY BRIDGE RD
City NORTH POWDER State OR Zip 97867

(2) TYPE OF WORK
[X] 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
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[X] Reverse Rotary [ ] Other

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

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 300.00 ft.
BORE HOLE SEAL sacks/ lbs
Dia From To Material From To Amt

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other POURED DRY
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 [X] Air [ ] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
Temperature 58 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 187 ppm
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 11 NE 1/4 of the SW 1/4 Tax Lot 299
Tax Map Number Lot
Lat " or 44.96807600 DMS or DD
Long " or -117.90553500 DMS or DD
[ ] Street address of well [X] Nearest address

NEAREST ADDRESS
48748 MCCARTY BRIDGE RD

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 5/9/2019 30
Flowing Artesian? [ ] Dry Hole? [ ]

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Rows show data for 1/10/2019 at various depths.

(11) WELL LOG
Ground Elevation
Material From To
SOIL
BROKEN BASALT, BROWN
FRACTURED BASALT, BROWN
FRACTURED BASALT, TAN
FRACTURED BASALT, BROWN/BROKEN
FRACTURED BASALT, TAN/BROKEN
FRACTURED BASALT, TAN
BASALT TAN, HARD
FRACTURED BASALT, BROWN/BROKEN
FRACTURED BASALT, TAN
FRACTURED BASALT, RED/BROWN
BASALT BLACK, HARD
FRACTURED BASALT, TAN
BASALT BLACK, HARD
FRACTURED BASALT TAN, RED CINDERS
BASALT BLACK, HARD, TAN CLAY
FRACTURED BASALT, TAN CLAY
FRACTURED/BROKEN BASALT, TAN CLAY

Date Started 1/7/2019 Completed 5/9/2019

(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 1775 Date 5/13/2019
Signed JASON ACQUISTAPACE (E-filed)
Contact Info (optional)

