Amended 5/23/2024 STATE OF OREGON	BAKE	E 53001	WELL I.D. LABEL#		
WATER SUPPLY WELL REPORT			START CARD #	1072404	
(as required by ORS 537.545 & 537.765 and OAR 690-205	o210) 5/21/	/2024	ORIGINAL LOG #		
(as required by OKS 557.545 & 557.765 and OAR 050-205) LAND OWNER Owner Well I.D.	-0210)				
First Name ADAM Last Name DOLSEN	•		OF WELL (legal	descenintion)	
Company BAKER VALLEY HOLDING, LLC		, ,			
Address PO BOX 1726			Twp_9.00SN		
Vity YAKIMA State WA Zin 9	8907	Sec <u>15</u> <u>SE</u>	1/4 of the <u>NE</u>	1/4 Tax Lot	202
) TYPE OF WORK X ^{New Well} Deepening	Conversion	Tax Map Number	" or <u>44.7848400</u>	Lot	
Alteration (complete 2a & 10) Abar	donment(complete 5a)	Lat°	" or <u>44.7848400</u>	00	DMS or DD
a) PRE-ALTERATION		Long	" or _117.79290	0000	DMS or DD
Dia + From To Gauge Stl Plstc	Vld Thrd			earest address	
Casing:		20564 SUNSET LA	NE BAKER CITY, OR 9	07814	
Material From To Amt sacks/lt	os				
Seal:		(10) STATIC W	ATED I EVEI		
DRILL METHOD Rotary Air Rotary Mud Cable Auger	Cable Mud		Dat	e SWL(psi)	+ SWL(ft)
		Existing Well / I	Pre-Alteration		
Reverse Rotary Other		Completed Well	4/1/2024		17
PROPOSED USE Domestic X Irrigation	Community		Flowing Artesian?	Dry Hole?	
Industrial/Commericial Livestock Dewatering	-	WATER BEARING 2	ZONES Denth w	ater was first fou	ind 255.00
Thermal Injection Other			-		si) + SWL(ft)
BORE HOLE CONSTRUCTION Special Sta	indard (Attach copy)	3/21/2024	255 270		17
Depth of Completed Well <u>480.00</u> ft.		4/1/2024	458 480	1000	17
BORE HOLE SEAL	sacks/				
Dia From To Material From	To Amt lbs	1			
24 0 20 Cement 0 20 20 455 C	455 48490 P alculated				
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		1			
	alculated	(11) WELL LOC	Ground Elevation	on	
Seal placement method A B C D E Other:		Mat	erial	From	То
Backfill placed from ft. to ft. Material		Top Soil		0	3
Filter pack from ft. to ft. Material	Size	Brown Sands		3	15
		Brown Clays		15	18
Explosives used: Type Amoun Seal Placement Begin Date 3/26/2024 Begin Tim		Gravels		18	20
	, ,	Brown Sandy Clays		20	45
a) ABANDONMENT USING UNHYDRATED BI		Grey Clays		45	50
Proposed Amount Actual Amount		Grey & Black Clays		50	71
) CASING/LINER		Grey Sandy Clays & Hard Grey Clays	Gravels	92	92
	Stl Plstc Wld Thrd	Dark Brown Sandy C	Jave	92	
X 2 455 .375		Sticky Brown Clays	Juys	110	
		Blue Sandy Clays		155	
		Grey Clays & Silty S	ands	170	
		Grey Sands		188	198
		Hard Blue Sandstone	•	198	
Shoe Inside Outside Other Location of		Brown Sandstone		255	
Temp casing X Yes Dia 24 From $+ X$ 3	To 20	Basalts		270	
PERFORATIONS/SCREENS		Grey Clays	10 of 1140 c	340	
Perforations Method		Hard Basalts With Fi	ractures	345	
Screens Type Material		Begin Date 1/31/202	24 Begin Time 08	00 End	1 Date 4/1/2024
Perf/ Casing/ Screen Scrn/slot Sl			Well Constructor Certi	,	
Screen Liner Dia From To width leng	gth slots pipe size		ork I performed on the c		nening alteration
			is well is in complian		
			ds. Materials used and i		
		the best of my know		L	
		License Number	I	Date	
WELL TESTS: Minimum testing time is 1 hour		-			
	Flowing Artesian	Signed			
	-	(honded) Water W	ll Constructor Certifica	tion	
Yield gal/min Drawdown Drill stem/Pump depth 1000 460	Duration (hr)	· /			tion or the 1
400	U		ty for the construction, this well during the construction		
			his well during the constr his time is in complian		
]	construction standard	ls. This report is true to t	he best of mv kn	owledge and belief
Temperature 64 °F Lab analysis Yes By	ount 200				
Water quality concerns? Yes (describe below) TDS am From To Description	ount 290 ppm	License Number 194	43 L	Date <u>5/21/2024</u>	
Desemption	Amount Units				
	Amount Units	Signed TRINITY	VILLINES (E-filed)		
	Amount Units		VILLINES (E-filed) al)		

RIGINAL -	WATER	RESOURCES	DEPA	ARTMENT

ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: New exempt use wells must be submitted with a map and recording fee.

WATER SUPPLY WELL REPORT -

continuation page



START CARD # 1072404 2024 ORIGINAL LOG # Image: colspan="2">Image: colspan="2">Image: colspan="2" Water Quality Concerns Amount Units From To Description Amount Units

WELL I.D. LABEL# L 126993

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(10) STATIC WATER LEVEL

SWL Date	From	То	Est Flow	SWL(psi)	+ SWL(ft)
L	1	I	I		

(11) WELL LOG

BAKE 53001

Material		From	То
Fractured Basalts		360	440
Hard Basalts		440	458
Fractured Basalts		458	480
		<u> </u>	
Name of person(s) who assisted with			
Assistant Name	Туре	e	#

Comments/Remarks

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow **BAKE 53001**

5/21/2024

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

LOCATION OF WELL

Latitude: 44.78484000 Datum: WGS84 Longitude: -117.79290000 Township/Range/Section/Quarter-Quarter Section: WM9.00S40.00E15SENE Address of Well: 20564 SUNSET LANE BAKER CITY, OR 97814

Oregon Water Resources Department 725 Summer St NE, Salem OR 97301



Well Label: 126993

Printed: May 21, 2024

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

