

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

BAKE 53115

WELL I.D. LABEL# L

50698

START CARD #

1082071

ORIGINAL LOG #

BAKER

50955

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

7/6/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company KERNS RAINBOW RANCHAddress 13974 LAUNCHPAD RDCity HAINES State OR Zip 97833**(2) TYPE OF WORK**☐ New Well ☒ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)**(2a) PRE-ALTERATION**

Casing:	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
	16	☒	2	370	0.375	☒	☐	☒	☐

Seal:	Material	From	To	Amt	sacks/lbs
	Bentonite	0	70	18750	Pounds

(3) DRILL METHOD☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger☒ 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 690.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
25	0	391				
14.75	391	690			Calculated	
					Calculated	

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ Other: _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date _____ Begin Time _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location
L	12		360	490	0.250	ST	☒			
L	12		490	690	0.375	ST	☒			

Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____**(7) PERFORATIONS/SCREENS**Perforations Method PLASMA CUTTER

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
		12	370	690	.125	4	3500	

(8) WELL TESTS: Minimum testing time is 1 hour

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	1000		675	5

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 133 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County BAKER Twp 8.00 S N/S Range 39.00 E E/W WMSec 6 SW 1/4 of the SW 1/4 Tax Lot 2000

Tax Map Number _____ Lot _____

Lat _____ " or 44.89399315 DMS or DD

Long _____ " or -117.98857234 DMS or DD

☐ Street address of well ☒ Nearest addressSCHOOLHOUSE RD**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration	5/21/2026			26
Completed Well	6/23/2026			26

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 26.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
6/23/2026	26	690	1000			26

(11) WELL LOGGround Elevation 3426.64 FT

Material	From	To
EXISTING WELL	0	370
CEMENT	370	380
PEA GRAVEL	380	391
BROWN CLAY, SAND	391	408
GRAY CLAY, SAND, GRAVEL	408	412
DARK BROWN CLAY, GRAVEL, SAND	412	415
SAND, BROWN CLAY GRAVEL	415	427
BROWN CLAY, SAND, GRAVEL	427	436
SAND, BROWN CLAY, GRAVEL, COBBLES	436	484
BROWN CLAY, SAND, GRAVEL	484	491
SAND, GRAVEL, BROWN CLAY	491	522
BROWN CLAY, GRAVEL, SAND	522	529
SAND, GRAVEL, BROWN CLAY	529	545
BROWN CLAY, GRAVEL, SAND	545	559
SAND, GRAVEL, BROWN CLAY	559	690

Construction

Begin Date 5/21/2026 Begin Time 12 30 End Date 6/23/2026**(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 7/6/2026Signed JASON ACQUISTAPACE (E-filed)Drilling Company: EARTH & WATER WORKS

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 - Map with location identified must be attached and shall include an approximate scale and north arrow

BAKE 53115

7/6/2026

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 44.89399315 Datum: WGS84

Longitude: -117.98857234

Township/Range/Section/Quarter-Quarter Section:

WM8.00S39.00E6SWSW

Address of Well:

SCHOOLHOUSE RD

Well Label: 50698

Printed: July 6, 2026

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

