

**STATE OF OREGON**  
**WATER SUPPLY WELL REPORT**

BAKE 53117

WELL I.D. LABEL# L

155408

START CARD #

1082850

ORIGINAL LOG #

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

7/28/2026

**(1) LAND OWNER**

Owner Well I.D. \_\_\_\_\_

First Name ERICLast Name LOWER

Company \_\_\_\_\_

Address 37827 BOULDER FLAT LNCity HALFWAYState ORZip 97834**(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                     |
|-----|---|------|----|-------|-----------------------|-----------------------|--------------------------|--------------------------|
|     |   |      |    |       | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Seal: 

| Material | From | To | Amt | sacks/lbs |
|----------|------|----|-----|-----------|
|          |      |    |     |           |

**(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 241.00 ft.

| BORE HOLE |      |     |           | SEAL |            |     |   | sacks/lbs |
|-----------|------|-----|-----------|------|------------|-----|---|-----------|
| Dia       | From | To  | Material  | From | To         | Amt |   |           |
| 10        | 0    | 21  | Bentonite | 0    | 21         | 15  | S |           |
| 8         | 21   | 241 |           |      | Calculated | 11  |   |           |
|           |      |     |           |      | Calculated |     |   |           |

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POURED DRY

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used: ☐ Type \_\_\_\_\_ Amount \_\_\_\_\_Seal Placement Begin Date 7/16/2026 Begin Time 11 30**(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 |
|-----|-----|-------------------------------------|------|-----|-------|-----------|-------------------------------------|------|------|---------------|
| C   | 6   | <input checked="" type="checkbox"/> | 3    | 217 | 0.250 | ST        | <input checked="" type="checkbox"/> |      | IN.  | 217           |
|     |     |                                     |      |     |       |           |                                     |      |      |               |
|     |     |                                     |      |     |       |           |                                     |      |      |               |
|     |     |                                     |      |     |       |           |                                     |      |      |               |
|     |     |                                     |      |     |       |           |                                     |      |      |               |

Temp casing ☒ Yes Dia 10 From + ☐ 0 To 21**(7) PERFORATIONS/SCREENS**Perforations Method HOLTE PERFORATOR

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To  | Scrm/slot width | Slot length | # of slots | Tele/ Pipe size |
|--------------|---------------|------------|------|-----|-----------------|-------------|------------|-----------------|
|              | Casing        | 6          | 100  | 120 | .125            | 1           | 420        |                 |
|              |               |            |      |     |                 |             |            |                 |
|              |               |            |      |     |                 |             |            |                 |
|              |               |            |      |     |                 |             |            |                 |

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

| Type of Test | Yield (gal/min) | Drawdown | Drill Stem/ Pump Depth | Duration (hr) |
|--------------|-----------------|----------|------------------------|---------------|
| Air          | 5               |          | 220                    | 1             |
|              |                 |          |                        |               |
|              |                 |          |                        |               |

Temperature 65 °F Lab analysis ☐ Yes By \_\_\_\_\_Water quality concerns? ☐ Yes (describe below) TDS amount 51 ppm

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
|      |    |             |        |       |
|      |    |             |        |       |

**(9) LOCATION OF WELL (legal description)**County BAKER Twp 7.00 S N/S Range 46.00 E E/W WMSec 29 SE 1/4 of the SE 1/4 Tax Lot 3100

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or 44.92124228 DMS or DD

Long \_\_\_\_\_ " or -117.10786155 DMS or DD

☒ Street address of well ☐ Nearest address37827 BOULDER FLAT RD. HALFWAY, OR 97834**(10) STATIC WATER LEVEL**

|                                | Date                     | SWL (psi) | + | SWL (ft) |
|--------------------------------|--------------------------|-----------|---|----------|
| Existing Well / Pre-Alteration |                          |           |   |          |
| Completed Well                 | 7/16/2026                |           |   | 72       |
| Flowing Artesian?              | <input type="checkbox"/> |           |   |          |
| Dry Hole?                      | <input type="checkbox"/> |           |   |          |

WATER BEARING ZONES

Depth water was first found 100.00

| SWL Date  | From | To  | Est Flow | SWL (psi) | + | SWL (ft) |
|-----------|------|-----|----------|-----------|---|----------|
| 7/15/2026 | 100  | 120 | 5        |           |   | 72       |
| 7/15/2026 | 120  | 200 | 2        |           |   | 72       |
| 7/15/2026 | 200  | 220 | 5        |           |   | 72       |
|           |      |     |          |           |   |          |
|           |      |     |          |           |   |          |

**(11) WELL LOG**Ground Elevation 2913.18 FT

| Material                             | From | To  |
|--------------------------------------|------|-----|
| TOP SOIL, COBBLES                    | 0    | 2   |
| BROWN CLAY, COBBLES, GRAVEL          | 2    | 36  |
| GRAVEL, COBBLES                      | 36   | 40  |
| BROWN CLAY, COBBLES, GRAVEL          | 40   | 76  |
| RED CLAY, RED CINDERS, GRAVEL        | 76   | 78  |
| BROWN CLAY, GRAVEL                   | 78   | 132 |
| RED CLAY, RED CINDERS, GRAVEL        | 132  | 136 |
| BROWN CLAY, GRAVEL                   | 136  | 142 |
| FRACTURED BASALT, GREY CLAY          | 142  | 153 |
| FRACTURED BASALT, BROWN CLAY, GRAVEL | 153  | 155 |
| FRACTURED BASALT, GREY CLAY          | 155  | 164 |
| FRACTURED BASALT, GRAVEL, BROWN CLAY | 164  | 171 |
| FRACTURED BASALT, GREY CLAY          | 171  | 187 |
| FRACTURED BASALT, TAN CLAY           | 187  | 241 |
|                                      |      |     |
|                                      |      |     |
|                                      |      |     |
|                                      |      |     |

Construction

Begin Date 7/14/2026 Begin Time 12 35 End Date 7/16/2026**(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 2120 Date 7/17/2026Signed JORDAN GOODWIN (E-filed)**(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 7/28/2026Signed 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.

### Comments/Remarks

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

**BAKE 53117**

**7/28/2026**

## 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: 44.92124228 Datum: WGS84

Longitude: -117.10786155

Township/Range/Section/Quarter-Quarter Section:  
WM7.00S46.00E29SESE

Address of Well:

37827 BOULDER FLAT RD. HALFWAY, OR 97834

**Well Label: 155408**

**Printed: July 28, 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

