

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**

BAKE 53136

WELL I.D. LABEL# L

161762

START CARD #

1083427

ORIGINAL LOG #

BAKER

248

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

10/5/2026

**(1) LAND OWNER**

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

First Name WILLIAMLast Name WILSON

Company \_\_\_\_\_

Address PO BOX 906City 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                     |
|---------|-------------------------------------|---|------|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| 6       | <input checked="" type="checkbox"/> | 3 | 42   | 0.250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Seal:  | Material | From | To | Amt   | sacks/lbs |
|--------|----------|------|----|-------|-----------|
| Cement | 0        | 30   | 12 | Sacks |           |

**(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 280.00 ft.

| BORE HOLE |      |     | SEAL     |      |            | sacks/ |
|-----------|------|-----|----------|------|------------|--------|
| Dia       | From | To  | Material | From | To         | lbs    |
| 10        | 0    | 30  |          |      |            |        |
| 6         | 30   | 170 |          |      | Calculated |        |
| 6         | 170  | 280 |          |      | 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 | Location |
|-----|-----|-------------------------------------|------|----|-------|-----------|-------------------------------------|------|------|----------|
| C   | 6   | <input checked="" type="checkbox"/> | 1    | 42 | 0.250 | ST        | <input checked="" type="checkbox"/> |      | OUT. | 42       |
|     |     |                                     |      |    |       |           |                                     |      |      |          |
|     |     |                                     |      |    |       |           |                                     |      |      |          |
|     |     |                                     |      |    |       |           |                                     |      |      |          |
|     |     |                                     |      |    |       |           |                                     |      |      |          |

Temp casing ☐ Yes Dia \_\_\_\_\_ From + ☐ \_\_\_\_\_ To \_\_\_\_\_**(7) PERFORATIONS/SCREENS**

Perforations Method \_\_\_\_\_

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

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To | Scrn/slot width | Slot length | # of slots | Tele/ Pipe size |
|--------------|---------------|------------|------|----|-----------------|-------------|------------|-----------------|
|              |               |            |      |    |                 |             |            |                 |
|              |               |            |      |    |                 |             |            |                 |
|              |               |            |      |    |                 |             |            |                 |
|              |               |            |      |    |                 |             |            |                 |

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

| Type of Test | Yield (gal/min) | Drawdown | Drill Stem/ Pump Depth | Duration (hr) |
|--------------|-----------------|----------|------------------------|---------------|
| Air          | 40              |          | 270                    | 1             |
|              |                 |          |                        |               |
|              |                 |          |                        |               |

Temperature 69 °F Lab analysis ☐ Yes By \_\_\_\_\_Water quality concerns? ☐ Yes (describe below) TDS amount 113 ppm

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

**(9) LOCATION OF WELL (legal description)**County BAKER Twp 7.00 S N/S Range 48.00 E E/W WMSec 20 SW 1/4 of the NW 1/4 Tax Lot 300

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

Lat \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or 44.94287121 DMS or DDLong \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or -116.88063468 DMS or DD☒ Street address of well ☐ Nearest address53829 HWY 86, HALFWAY**(10) STATIC WATER LEVEL**

|                                | Date      | SWL (psi) | + | SWL (ft) |
|--------------------------------|-----------|-----------|---|----------|
| Existing Well / Pre-Alteration | 9/24/2026 |           |   | 88       |
| Completed Well                 | 9/28/2026 |           |   | 92       |

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**

Depth water was first found \_\_\_\_\_

| SWL Date  | From | To  | Est Flow | SWL (psi) | + | SWL (ft) |
|-----------|------|-----|----------|-----------|---|----------|
| 9/24/2026 | 257  | 267 | 30       |           |   | 92       |
|           |      |     |          |           |   |          |
|           |      |     |          |           |   |          |
|           |      |     |          |           |   |          |
|           |      |     |          |           |   |          |

**(11) WELL LOG**Ground Elevation 2014.28 FT

| Material                                  | From | To  |
|-------------------------------------------|------|-----|
| SEE PREVIOUS WELL LOG, BAKE 248           | 0    | 170 |
| FRACTURED BASALT, BLUE SHALE, RED CINDERS | 170  | 179 |
| FRACTURED BASALT                          | 179  | 191 |
| FRACTURED BASALT, GREY CLAY, BLUE SHALE   | 191  | 203 |
| FRACTURED BASALT, BLUE SHALE              | 203  | 245 |
| FRACTURED BASALT, BLUE CLAY, BLUE SHALE   | 245  | 250 |
| FRACTURED BASALT, GREY CLAY, BLUE SHALE   | 250  | 253 |
| FRACTURED BASALT, BLUE SHALE              | 253  | 257 |
| BROKEN BASALT, BLUE SHALE                 | 257  | 267 |
| FRACTURED BASALT                          | 267  | 280 |
|                                           |      |     |
|                                           |      |     |
|                                           |      |     |
|                                           |      |     |
|                                           |      |     |
|                                           |      |     |
|                                           |      |     |
|                                           |      |     |
|                                           |      |     |

Construction

Begin Date 9/24/2026 Begin Time 12 11 End Date 9/28/2026**(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 9/30/2026Signed 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 10/5/2026Signed 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 53136**

**10/5/2026**

## 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: 44.94287121 Datum: WGS84

Longitude: -116.88063468

Township/Range/Section/Quarter-Quarter Section:

WM7.00S48.00E20SWNW

Address of Well:

53829 HWY 86, HALFWAY

**Well Label: 161762**

**Printed: October 5, 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

