

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

WELL LABEL # L 105867
 START CARD # 1016692

(1) LAND OWNER Owner Well I.D. _____

First Name _____ Last Name _____
 Company BAXTON FAMILY HOLDINGS
 Address PO BOX 1087
 City GULF BREEZE State FL Zip 32562

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

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

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
 Depth of Completed Well 243 ft.

METHOD C
 METHOD D

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs
10"	0	22	CEMENT	0	32 1/4	50
8"	22	78 1/2	CEMENT	55	67	4
6"	78 1/2	243				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from 67 ft. to 78 1/2 ft. Material 3/8" BEAT. CHIPS
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

CERTA-LOK

Casing Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	6"	1 1/2	78 1/2	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	4"	5	243	5/40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Shoe Inside Outside Other _____ Location of shoe(s) 78 1/2
 Temp casing Yes Dia 8" From 1 1/2 To 33 1/2

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Teel/ pipe size
<input checked="" type="checkbox"/>	LINER	4	238	243	.032	2 1/2	680	
<input type="checkbox"/>			203	218			2040	
<input type="checkbox"/>			158	163			680	
<input type="checkbox"/>			85	100			2040	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>6</u>		<u>243</u>	<u>1 Hr</u>

Temperature 66 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

RECEIVED BY OWRD

Description	Amount	Units

JUL 09 2012

(9) LOCATION OF WELL (legal description)

County JACKSON Twp 35S N/S Range 1W E/W WM
 Sec 30 NE 1/4 of the SE 1/4 Tax Lot 211
 Tax Map Number _____ Lot _____
 Lat _____ ° 0' _____ " or 42.49670 N DMS or DD
 Long _____ ° 0' _____ " or 122.86275 W DMS or DD
 Street address of well Nearest address
12510 MODOC RD WHITE CITY

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	<u>6-8-12</u>		<u>50</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 88

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
<u>6-8-12</u>	<u>88</u>	<u>102</u>	<u>5 1/4</u>		<u>50</u>
<u>6-8-12</u>	<u>122</u>	<u>162</u>	<u>3/4</u>		<u>50</u>

(11) WELL LOG Ground Elevation 1321

Material	From	To
CLAY BROWN w/ COBBLES & Boulders	0	22
COBBLES, GRAVEL, SAND	22	32
GRAVEL MED TO SMALL SAND	32	41
CONGLOMERATE OR PARTIALLY	41	
CEMENTE GRAVELS		55
SANDSTONE GREY SOFT/CLAYEY	55	88
CLAYSTONE BLUE	88	93
CLAYSTONE GREY	93	125
SANDSTONE GREY/BLUE	125	146
SANDSTONE GREY w/ CLAY	146	
SEAMS 156-158		158
SANDSTONE LIGHT GREY	158	167
SANDSTONE GREY/BLUE/RED BDN	167	189
SANDSTONE LIGHT GREY	189	198
SANDSTONE BROWN w/ RIBS BLK BDN	198	203
CLAYSTONE GREY w/ GREY CLAY SEAMS	203	229
SANDSTONE GREY	229	243

Date Started 5-23-12 Completed 6-8-12

(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 _____
 Password: (if filing electronically) _____
 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 796 Date 6-8-12
 Password: (if filing electronically) _____
 Signed Paul K...
 Contact Info (optional) PIONEER DRILLING