

STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L 93331

START CARD # 196675

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Owner Well I.D. First Name Last Name Company Address City State Zip

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy) Depth of Completed Well 420 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amount, Scks/lbs

How was seal placed: Method A B C D E Other Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: Yes Type Amount

(6) CASING/LINER Table with columns: Casing, Liner, Dia, Gauge, Steel, Plastic, Welded, Thrd

Shoe Inside Outside Other Location Temporary casing Yes Diameter From To

(7) PERFORATIONS/SCREENS Perforations Method Screens Type WATER RESOURCES DEPT SALEM, OREGON

Table with columns: Perf, Screen, Casing, Liner, Screen Dia, From, To, Screen slot width, Slot length, # of slots, Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Temperature 52 F Lab analysis Yes By Water quality concerns? Yes (describe below) From To Description Amount Units

(9) LOCATION OF WELL (legal description) County Lake Twp 26 N or S Range 18 E or W W.M. Sec 8 NW 1/4 of the NW 1/4 Tax Lot 601 Tax Map Number Lot Lat Long DMS or DD

Street address of Well (or nearest address) 60367 Milkmaid Rd Clatsop OR 97641

(10) STATIC WATER LEVEL Date SWL (psi) SWL (ft) Existing Well/Predeepening Completed Well 4-13-10 23'

WATER BEARING ZONES Depth water was first found 60 SWL Date From To Est Flow SWL (psi) SWL (ft)

(11) WELL LOG Ground Elevation Material From To TOP SoL 0 2 Clay clay 9 10 Blue clay 10 120 Black Sand 120 175 Gray clay 175 200 Black Sand 200 300 Brown Clay Hard 300 302 Reddish Brown clay with gravel 302 340 Brown clay 340 360 Gravel 360 390 Brown clay 390 400 Quartz and clay 400 420

Date Started 3-28-10 Completed 4-13-10

(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.

License Number Date JAN 03 2011

Signed WATER RESOURCES DEPT

(bonded) Water Well Constructor Certification SALEM, OREGON I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

License Number 1654 Date 4-13-10

Signed Contact Info. (optional)

# LAKE 52253

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 93331

START CARD # 196675

Instructions for completing this report are on the last page of this form.

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name W Last Name W  
 Company WAKENTIM Farms LLC  
 Address PO Box 12  
 City CHRISTMAS VALLEY State OR Zip 97641

**(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  Injection  
 Thermal  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION** Special Standard:  Yes (attach copy)  
 Depth of Completed Well 420 ft.

BORE HOLE			SEAL			
Dia.	From	To	Material	From	To	Amount Scks/lbs
24"	0	99	Cement	0	99	110 sack
16"	99	290				
9"	290	420				

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Csng	Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	99	290	.250	X		X	
	X	12"	-	80	290	.750	Y		X	

Shoe  Inside  Outside  Other Location \_\_\_\_\_  
 Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

**RECEIVED  
AUG 17 2010  
WATER RESOURCES DEPT  
SALEM, OREGON**

Perf	Scrn	Csng	Liner	Screen Dia	From	To	Screen slot width	Slot length	# of slots	Tele/ pipe size

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min 3000+ Drawdown \_\_\_\_\_ Drill stem/Pump depth 420 Duration (hr) 1 hr

Temperature 52 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**  
 County LAKE Twp 26 N or S Range 18 E or W W.M.  
 Sec 8 NW 1/4 of the NW 1/4 Tax Lot 601  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of Well (or nearest address) 60367 Milkart RD CIVIL OR 97641

**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>4-13-10</u>			<u>23'</u>

Flowing Artesian?  Yes Dry Hole?  Yes

**WATER BEARING ZONES** Depth water was first found \_\_\_\_\_

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>3-1-6</u>	<u>60</u>	<u>65</u>	<u>50 gpm</u>			<u>23'</u>
<u>4-11-1</u>	<u>110</u>	<u>300</u>	<u>1500</u>			<u>23'</u>
<u>4-13-10</u>	<u>350</u>	<u>420</u>	<u>3000+</u>			<u>23'</u>

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
TOP SOIL	0	2
gray clay	2	10
Blue clay	10	120
Black Sand	120	175
gray clay	175	200
Black Sand	200	300
Brown Clay Hard	300	302
Reddish Brown Clay	302	340
with pebbles		
Brown Clay	340	360
pebbles	360	390
Brown Clay	390	400
pebbles and clay	400	420

Date Started 3-28-10 Completed 4-13-10

**(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 1654 Date 4-13-10  
 Signed \_\_\_\_\_  
 Contact Info. (optional) \_\_\_\_\_

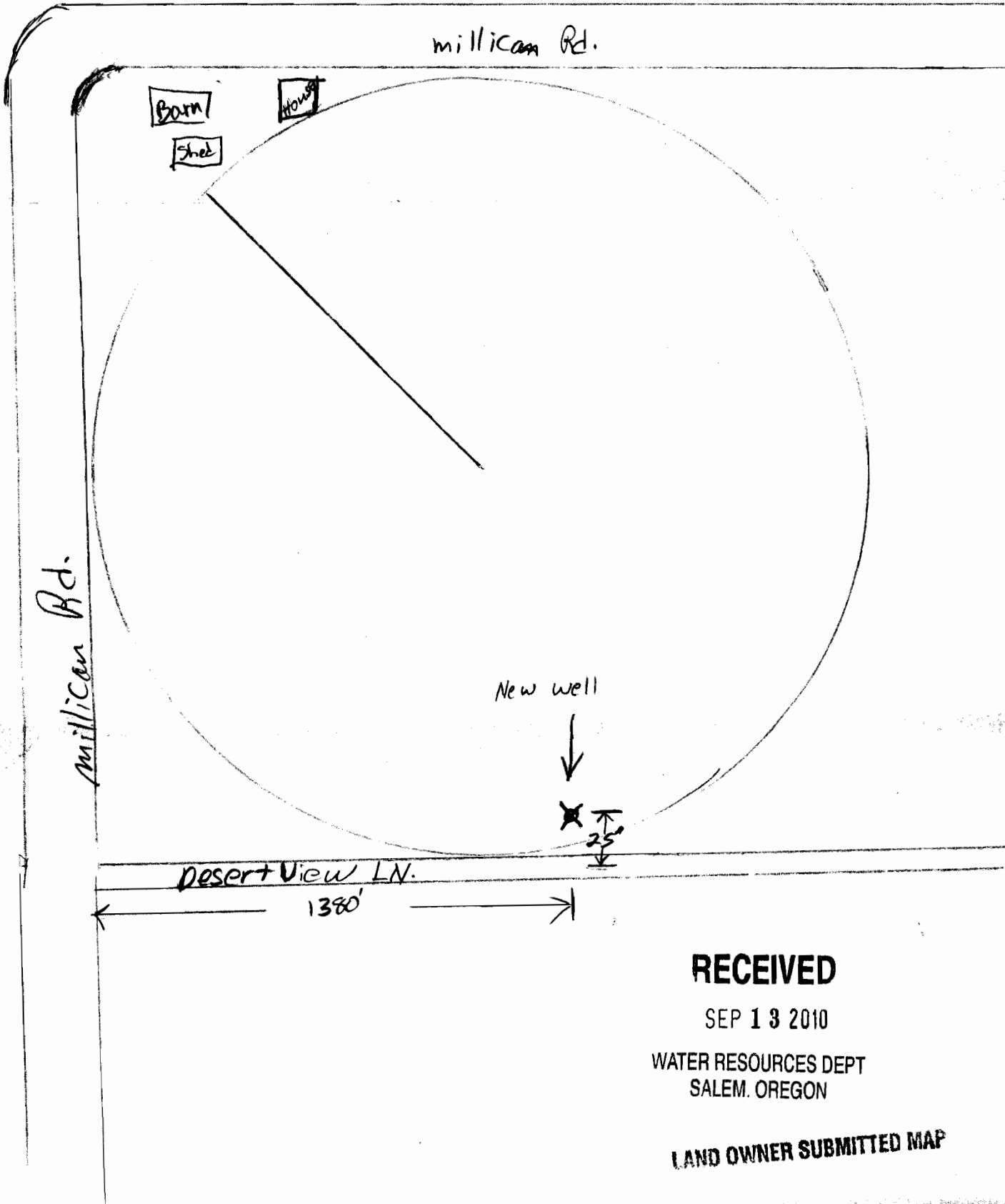
Tax ~~LAKE 52253~~ 601

Address of house 60367 millican Rd.

Well Log # Lake 52253

Well tag L-93331

Section 8 Township 26 S. R. 18 E. W.M.  
Lake co. Or.



**RECEIVED**

SEP 13 2010

WATER RESOURCES DEPT  
SALEM, OREGON

LAND OWNER SUBMITTED MAP