

STATE OF OREGON WATER SUPPLY WELL REPORT

DOUG 59540

WELL I.D. LABEL# L

149321

START CARD #

1059742

ORIGINAL LOG #

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

1/19/2023

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company PILOT TRAVEL CENTER C/O IFM/KLEINFELDER

Address 2926 US HWY 6

City MCCLURE State OH Zip 43534

(2) TYPE OF WORK

New Well Deepening Conversion

Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrld

Casing: _____

Material From To Amt sacks/lbs

Seal: _____

(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 _____

(5) BORE HOLE CONSTRUCTION

Special Standard (Attach copy)

Depth of Completed Well 125.00 ft.

BORE HOLE

Table with columns: Dia, From, To, Material, From, To, Amt, Sacks/lbs. Includes rows for Cement and Calculated values.

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrld. Includes rows for 6 inch and 4.5 inch casings.

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Saw

Screens Type _____ Material _____

Table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Scrn/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)

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes row with values 23, 124, 1.

Temperature 51 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 719 ppm

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County DOUGLAS Twp 23.00 S N/S Range 5.00 W E/W WM

Sec 27 NW 1/4 of the SW 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat _____ " or 43.54017251 DMS or DD

Long _____ " or -123.28692651 DMS or DD

Street address of well Nearest address

800 JOHN LONG RD. YONCALLA, OREGON

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table with columns: Existing Well / Pre-Alteration, Completed Well, Date, SWL(psi), SWL(ft).

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 40.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Includes rows for dates 1/13/2023.

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Lists soil types like Top Soil, Brown Clay, Blue Claystone, etc.

Date Started 1/13/2023 Completed 1/13/2023

(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 2002 Date 1/18/2023

Signed MAXWELL JONES (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.

License Number 2002 Date 1/18/2023

Signed MAXWELL JONES (E-filed)

Contact Info (optional) Casey Jones Well Drilling Co., Inc. 541-747-2806

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

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Map of Hole

