JACK 58172

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

WELL LABEL # L 67129
START CARD # 186017

(1) LAND OWNER
Owner Well I.D. _____
First Name _____ Last Name _____
Company HOFFMAN INNOVATIVE LAND GROUP LLC
Address 1764 ASHLAND MINE RD
City ASHLAND State OR Zip 97520

(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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION
Special Standard ☐ Attach copy
Depth of Completed Well 240 ft. GRANITE IN BOTTOM 1 1/2 FT.

BORE HOLE Dia	From	To

SEAL Material	From	To	Amt	sacks/ lbs
NO CHARGES				

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

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☐	☒	5"		13 1/2	139 1/2	.258	☒	☐	☒	☐
☐	☒	5"		139 1/2	199 1/2	.188	☒	☐	☒	☐
☐	☒	5"		199 1/2	241 1/2	.258	☒	☐	☒	☐
☐	☐						☐	☐	☐	☐
☐	☐						☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
.188 PIPE: MACHINE SLOT
.258 PIPE: JAW
Perforations Method _____
Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
PERF	LINER	5"	200	238	3/16"	7-8"	68	
PERF	LINER	5"	140	199	1/8"	3 3/4	570	
PERF	LINER	5"	98	140	3/16"	7-8"	88	

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

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County JACKSON Twp 39S N/S Range 1E E/W WM
Sec 6 NE 1/4 of the SW 1/4 Tax Lot 1600
Tax Map Number _____ Lot _____
Lat 42 ° 01' 225" N or _____ DMS or DD
Long 122 ° 04' 084" W or _____ DMS or DD
☒ Street address of well ○ Nearest address
2155 ASHLAND MINE RD

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well				

Flowing Artesian? ☐

WATER BEARING ZONES Depth water was first found _____

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

(11) WELL LOG
Ground Elevation 2513

Material	From	To
PULLED PVC LINER/SCREEN BROKEN OFF AT 195/196 FT		
CLEANED HOLE TO 244 FT		
INSTALLED STEEL LINER TO 241 1/2 FT		

RECEIVED
OCT 04 2006
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 9-18-06 Completed 9-22-06

(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 9-25-06
Password : (if filing electronically) _____
Signed _____
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK
Form Version: 0.85