

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 96224

START CARD # 198750

(1) LAND OWNER Owner Well I.D. _____
 First Name John Last Name Mainwaring
 Company _____
 Address 5414 Hwy 238
 City Jacksonville State OR Zip 97530

(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 _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 200 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	33	Bentonite Chips	0	33	12	S
6	33	200					

How was seal placed: Method A B C D E
 Other poured dry
 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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		2	68	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perf/S creen	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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
15	200	200	1

Temperature 58 °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 38 S N/S Range 2 W E/W WM
 Sec 31 NE 1/4 of the SW 1/4 Tax Lot 200
 Tax Map Number _____ Lot _____
 Lat 0 " or 42.21911 DMS or DD
 Long 0 " or -122.98478 DMS or DD
 Street address of well Nearest address
end of woodrat mtn rd

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	10-03-2008			68

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 130

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10-03-2008	130	132				68

(11) WELL LOG Ground Elevation _____

Material	From	To
soil	0	2
brown shale	2	26
gray shale	26	94
gray granite	94	130
broken granite	130	132
gray granite	132	200

RECEIVED
OCT 20 2008
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 10-03-2008 Completed 10-03-2008

(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 11657 Date 10-16-2008
 Password: (if filing electronically) _____
 Signed William Kelly

(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 1478 Date 10-16-2008
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) _____