

STATE OF OREGON
WATER SUPPLY WELL REPORT

JACK 59216

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 98066
START CARD # 201268
ORIGINAL LOG # _____

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

(1) LANDOWNER Owner Well I.D.
First Name Andy Last Name Quady
Company _____
Address P.O. Box 209
City Madera State CA Zip 93637

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 160 ft. Special Standard: Yes (attach copy)

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
10"	0	18	Bentonite	0	18	8	sack
6"	18	160					

How was seal placed: Method A B C D E
 Other Dry poured
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
6			F	1	19	250	X			
	4			0	140	160		X		

Shoe Inside Outside Other Location of shoe(s) 19
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Lazer cut
Screens Type PVC Lazer Cut Material _____

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
			X		140	160	.020			

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
35		155	1

Temperature 56 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Jackson Twp 33 N or S Range 3W E or W W.M.
Sec 29 NE 1/4 of the NW 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 98000 Highway 238

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	7/1/09			22

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 35

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/1/09	35	36	2			22
7/1/09	127	130	33			22

(11) WELL LOG Ground Elevation _____

Material	From	To
Brown clay	0	12
Consolidated Brown shale	12	21
Consolidated Blue shale with quartz	21	160

RECEIVED
JUL 09 2009
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 7/1/09 Completed 7/1/09

(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 1847 Date 7/6/09
Signed Phil Testa

(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 1251 Date 7/6/09
Signed Michael Pierce
Contact Info. (optional) _____