

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

WELL LABEL # L 100475
START CARD # 198771

(1) LAND OWNER Owner Well I.D. _____
First Name Janice Last Name Howes
Company _____
Address 13598 Castlebridge Lane
City Woodbridge State VA Zip 22193

(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 320 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10	0	28	Bentonite Chips	0	38	11	S
6	28	320					

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	28	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4		5	320		<input 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
Perforations Method skil saw
Screens Type _____ Material _____

Perf/S	Casing/	Screen	From	To	Scr/slot	Slot	# of	Tele/
Perf	Liner	Dia			width	length	slots	pipe size
			260	320	.125	6	120	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 12 Drawdown 320 Drill stem/Pump depth 320 Duration (hr) _____

Temperature 61 °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 W Range 2 E/W WM
Sec 29 1/4 of the _____ 1/4 Tax Lot 1600
Tax Map Number _____ Lot _____
Lat _____ ° 0' _____ " or 42.23383 DMS or DD
Long _____ ° 0' _____ " or -123.07571 DMS or DD
 Street address of well Nearest address
1205 Dunlap Road

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	07-23-2009		31

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 163

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
07-22-2009	163	165	3		31
07-23-2009	284	287	9		31

(11) WELL LOG Ground Elevation _____

Material	From	To
brown clay with sand	0	7
weathered shale	7	21
black shale	21	163
black shale with quartz	163	165
black shale	165	284
black shale with quartz	284	287
black shale	287	301
black shale very soft	301	320

RECEIVED
JUL 30 2009
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 07-22-2009 Completed 07-23-2009

(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 1478 Date 07-23-2009
Password: (if filing electronically) _____
Signed [Signature]

(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 07-23-2009
Password: (if filing electronically) _____
Signed [Signature]
Contact Info (optional) _____