

Jack 59429

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

WELL LABEL # L 100458
 START CARD # 202923

(1) LAND OWNER Owner Well I.D. _____
 First Name Lauren and Cindy Last Name Gerber
 Company _____
 Address 715 E Pine St
 City Central Point State OR Zip 97502

(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 260 ft.

BORE HOLE			SEAL		Amt	sacks/ lbs	
Dia	From	To	From	To			
10	0	38	Cement	0	38	14	S
6	38	260					S

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	Std	Plstc	Wld	Thrd
	6		<input checked="" type="checkbox"/> 2	38	.250			<input checked="" type="checkbox"/>	
	4		<input checked="" type="checkbox"/> 5	260	160			<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 38
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method skillsaw
 Screens Type _____ Material _____

Perf/S	Casing/Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4	5	260	.125	6	150	

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
60	260	260	1

Temperature 59 °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 1 E E/W WM
 Sec 31 1/4 of the _____ 1/4 Tax Lot 600
 Tax Map Number _____ Lot _____
 Lat _____ " or 42.21901 DMS or DD
 Long _____ " or -122.73503 DMS or DD
 Street address of well Nearest address
 2020 Hwy 99 N. space 35

(10) STATIC WATER LEVEL Date _____ SWL(psi) _____ + SWL(ft) _____
 Existing Well / Predeepening _____
 Completed Well 11-06-2009 _____
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 217

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11-06-2009	217	234	60		24

(11) WELL LOG Ground Elevation _____

Material	From	To
sandy soil	0	9
clay with small gravel	9	16
brown sandstone	16	22
gray sandstone	22	97
gray siltstone	97	217
broken sandstone	217	234
gray sandstone	234	260

RECEIVED APR 19 2010 RECEIVED JAN 27 2010
 WATER RESOURCES DEPT SALEM, OREGON WATER RESOURCES DEPT SALEM, OREGON

Date Started 11-03-2009 Completed 11-06-2009

(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 01-15-2010
 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 1478 Date 01-15-2010
 Password: (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____