

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

WELL LABEL # L 101067

START CARD # 1011689

(1) LAND OWNER Owner Well I.D.  
First Name THOMAS Last Name SMITH  
Company \_\_\_\_\_  
Address 4000 E. ANTELOPE RD  
City EAGLE POINT State OR Zip 97524

(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 401 ft.

BORE HOLE SEAL. sacks/

Dia	From	To	Material	From	To	Amt	lbs
6"	301	401					
<i>No change</i>							

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
	4"		0	401	0.160				

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

(7) PERFORATIONS/SCREENS Perforations Method SAW  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrns/slot width	Slot length	# of slots	Telc/ pipe size
	Line 4	4	291	401	3/32	6"	182	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20 1/2		401	1 HR
2 1/8		301	1 1/2 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 36 S N/S Range 1 E E/W WM  
Sec 31 SE 1/4 of the SW 1/4 Tax Lot 1101  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat 0 " or 42.39213 N DMS or DD  
Long 0 " or -122.75014 W DMS or DD  
 Street address of well  Nearest address

4000 E. ANTELOPE RD

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
	<u>10-4-10</u>		<u>276</u>
Completed Well	<u>10-6-10</u>		<u>277</u>

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
<u>10-4-10</u>	<u>0</u>	<u>301</u>	<u>TRACE</u>		<u>276</u>
<u>10-6-10</u>	<u>333</u>	<u>336</u>	<u>14 1/2</u>		<u>277</u>
<u>10-6-10</u>	<u>341</u>	<u>381</u>	<u>5</u>		<u>277</u>
<u>10-6-10</u>	<u>381</u>	<u>401</u>	<u>2</u>		<u>277</u>

(11) WELL LOG Ground Elevation 1804

Material	From	To
<u>SOME GRAVEL / BROKEN ROCK</u>		
<u>DEBRIS IN BOTTOM FEW FEET OF HOLE</u>		
<u>SANDSTONE GREY</u>	<u>301</u>	<u>386</u>
<u>FRACTURED</u>	<u>333-336</u>	
<u>SANDSTONE GREY &amp; BLACK</u>	<u>386</u>	<u>401</u>

RECEIVED

OCT 27 2010

WATER RESOURCES DEPT  
SALEM, OREGON

Date Started 10-4-10 Completed 10-5-10

(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 10-6-10  
Password: (if filing electronically) \_\_\_\_\_  
Signed John [Signature]  
Contact Info (optional) \_\_\_\_\_

