JACK 60715

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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.	(9) LOCATION OF WELL (legal description)		
First Name THOMAS Last Name SMITH	County JACKSON Twp 365 N/S Range IE ENWWM		
Company	Sec 31 SE 1/4 of the SW 1/4 Tax Lot 1101		
Address 4000 E. ANTELOPE RD	# 14 N 1		
City EAGLE POINT State OR Zip 97524			
(2) TYPE OF WORK New Well Deepening Conversion	Long 0 or 122.75014 DMS or DD		
Alteration (repair/recondition)	Street address of well Nearest address		
	4000 E. ANTELOPE RD		
(3) DRILL METHOD	9000 C, 77X122010 102		
Rotary Air Rotary Mud Cable Auger Cable Mud	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)		
Reverse Rotary Other	Date SWL(psi) + SWL(ft)		
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening 10-4-10 276		
Industrial/ Commercial Livestock Dewatering	Completed Well 10-6-10 277		
hand hand hand	Flowing Artesian? Dry Hole?		
Thermal Injection Other	WATER BEARING ZONES Depth water was first found		
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy	SWL Date From To Est Flow SWL(psi) + SWL(fi)		
Depth of Completed Well 401 n.	10-4-70 O 301 10405 276		
BORE HOLE SEAL sacks/	10-6-10 333 336 141/2 277		
Dia From To Material From To Amt Hos	10-6-10 341 381 5		
6" 301 401 VE	10-6-10 331 401 2 277		
6 301 401 Jo CHAMILE			
	(11) WELL LOG Ground Flourism /204		
	(11) WEEL LOG Ground Elevation		
How was seal placed: Method A B C D E	Material From To		
Other	SOME GRAVEL BROKEN ROCK		
Backfill placed from 1. to 1 Material	DEBRIS IN BOTTOM FOW FOOT OF HOLE		
Filter pack from 1. to 1. Material Size	SANDSTONE GREY 301 386		
Explosives used: Yes Type Amount	SANDSTONE CIRRY 301 386 FRACTURED 333-336		
(C) CACINCA INED	SANDSTONE GREY & BLACK 386 401		
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Piste Wid Thrd	STREET STREET SOUTH		
0 4 4 10 40 64 0 1			
	TOP CHILIPPE		
	MEUNIVEL		
	OCT 2 7 2010		
Shoe Inside Outside Other Location of shoe(s)			
Temp casing Yes Dia From To	WATER DESCRIPTION		
(7) PERFORATIONS/SCREENS	WAI ER RESOURCES DE T		
Perforations Method SAW	SALEM, QRECON		
Screens Type Material			
Perf/ Casing/Screen Scrn/slot Slot # of Tele/	Date Started 10-4-10 Completed 10-5-10		
Screen Liner Dia From To width length slots pipe size	Date Started 10-4-10 Completed 10-5-10		
LINE 4 29 401 3/32 6" 182	(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 helief.		
(8) WELL TESTS: Minimum testing time is I hour	License Number Date		
Pump Bailer Air Flowing Artesian	Password : (if filing electronically)		
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed		
201/2 401 HR	(honded) Water Well Constructor Certification		
	I accept responsibility for the construction, deepening, alteration, or abandonment		
2/8 301 15HR	work performed on this well during the construction dates reported above. All work		
Temperature 61 °F Lab analysis Yes By	performed during this time is in compliance with Oregon water supply well		
Water quality concerns? Yes (describe below)	construction standards. This report is true to the best of my knowledge and belief.		
From To Description Amount Units	1.icense Number 796 Date 10-6-10		
	Password : (if Hing electronically)		
	Signed The Comment		
	Contact Info (optional)		
ORIGINAL - WATER RESOURCES I			
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK			
Form Version: 0.88			
	JAN 24 2011		

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WELL LABEL # L	101067
START CARD#	1011689

(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)
	Court 30 (Vess) = 31.5 up = 15
First Name THOMAS Last Name SM 1774	County JACKSON Twp 365 N/S Range E E/W WM
Company	Sec 31 SE 1/4 of the SW 1/4 Tax Lot 1101
Address 4000 E. ANTELOPE RD	Tax Map Number Lot
City EAGLE FOINT State OR Zip 47524	Lat 0 0 0 42.39213 N DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long °0 ' 'or - 122, 75014W DMS or DD
	Street address of well Nearest address
Alteration (repair/recondition) Abandonment	Touch address of Hell (Stealest address
(3) DRILL METHOD	
Rotary Air Rotary Mud Cable Auger Cable Mud	(10) OTATEC WATER I EVEL
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
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Industrial/ Commercial Livestock Dewatering	
	Flowing Artesian? Dry Hole?
ThermalOther	WATER BEARING ZONES Depth water was first found
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	7 6 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
BORE HOLE SEAL sacks/	10-6-10 333 336 141/2 277
Dia, From To Material From To Amt His	10-6-10 341 381 5
6" 301 401 VE	10-6-10 321 401 2 277
0 201 401 Jo CHANGE	
	(II) WELL LOG Ground Elevation /804
How was seal placed: Method A B C D E	
	Material From To
Other	SOME GRAVEL BROKEN ROCK
Backfill placed from ft. to	DEBRIS IN BOTTOM FOW FEET OF HOLE
Filter pack from fl. to fl. Material Size	
	SANDSTONE GREY 301 386
Explosives used: Yes Type Amount	FLACTURED 333-336
(C) CACINC/LINED	SANDSTONE GREY & BLACK 386 401
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plste Wid Third	27,1027,100
Shoe Inside Outside Other Location of shoe(s)	
Temp casing Yes Dia From To	
AT DED FOR A MICHAEL CONTRACT	WAITH HOUSE DEPT
(7) PERFORATIONS/SCREENS Perforations Method SAW	CAREN COTO A
Perforations Method	
Screens Type Material	
Perf/ Casing/Screen Scrn/slot Slot # of Telc/	
	Date Started 10-4-10 Completed 10-5-10
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• · · · · · · · · · · · · · · · · · · ·	Password : (if filing electronically)
Pump Bailer Air Flowing Artesian	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed
20/12 401 THE	(bonded) Water Well Constructor Certification
2/8 301 1/5 HR	I accept responsibility for the construction, deepening, alteration, or abandonment
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	Password : (if thing electronically)
	Signed The Up
	Contact Info (optional)