

STATE OF OREGON
WATER SUPPLY WELL REPORT

JACK 60721

WELL LABEL # L 103227 60721
START CARD # 205236
ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)

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

(1) LANDOWNER Owner Well I.D. _____
First Name Richard Last Name Doyle
Company South East Jacksonville L.L.C.
Address 4760 S. Stage Rd
City Medford State Or Zip 97504

(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 300 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
10"	0	49	Bent	0	49	1150	165
6"	49	300					

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 _____

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

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<input checked="" type="checkbox"/>		6	1	0	60	250	X			
	X	4		0	300	250		X	X	

Shoe Inside Outside Other Location of shoe(s) 60'
Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Sern	Csng	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
X			X	1 1/2	180	300	1/2	5'	90	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 13 Drawdown _____ Drill stem/Pump depth 300 Duration (hr) 1hr
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 37 N or S Range 2 W W.M.
Sec 32 1/4 of the _____ 1/4 Tax Lot 1200
Tax Map Number _____ Lot _____
Lat _____ " or 42.18650 DMS or DD
Long _____ " or 122.57301 DMS or DD

Street Address of Well (or nearest address) _____
Same as "1"

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>8/10/10</u>			<u>20</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 240

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>8/10/10</u>	<u>240</u>	<u>245</u>	<u>3</u>			<u>20</u>
<u>8/10/10</u>	<u>265</u>	<u>270</u>	<u>10</u>			<u>20</u>

(11) WELL LOG Ground Elevation 1547

Material	From	To
Clay - Brown	0	41
Claystone - Blue	41	210
Basalt - Blue	210	300

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WATER RESOURCES DEPT SALEM OREGON WATER RESOURCES DEPT SALEM OREGON

Date Started 8/10/10 Completed 8/10/10

(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 _____
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 1661 Date 9/10/10
Signed Bronford J Milkowski
Contact Info. (optional) _____

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License Number 1661 Date 9/10/10

Signed Edward Bondy Milkowski
Contact Info. (optional) _____