DRAFT

JACK 61113

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

WELL LABEL # L 104442

START CARD # 206527

(1) LAND OWNER

Owner Well I.D.

First Name Emily Last Name Pulliam

Company

Address 5318 9th Ave

City Sacramento State CA Zip 95820

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)

Depth of Completed Well 340 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
10	0	18	Bentonite Chips	0	18	7	S
6	18	340					

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E

[X] 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
◉	○	6	[X]	2	38	.250	◉	○	[X]	
○	◉	4	[ ]	5	340		○	◉	[X]	
○	○		[ ]				○	○	[ ]	
○	○		[ ]				○	○	[ ]	
○	○		[ ]				○	○	[ ]	

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 38

Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method skilsaw

Screens Type Material

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4	280	340	.125	6	112	

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

( ) Pump ( ) Bailer (◉) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
10	340	340	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 37 S N/S Range 2 W E/W WM

Sec 34 1/4 of the 1/4 Tax Lot 501

Tax Map Number Lot

Lat ° ' " or 42.30672 DMS or DD

Long ° ' " or -122.932 DMS or DD

( ) Street address of well (◉) Nearest address

1525 Arnold Lane

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	01-27-2012			7

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 288

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
01-27-2012	287	288	10			7

(11) WELL LOG

Ground Elevation

Material	From	To
clay	0	6
brown sandstone	6	12
gray sandstone with some weathering	12	19
gray sandstone	19	166
black shale	166	201
gray sandstone	201	287
broken sandstone	287	288
gray sandstone	288	340

Date Started 01-26-2012 Completed 01-27-2012

(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 02-04-2012

Password : (if filing electronically)

Signed

RECEIVED
FEB 08 2012
WATER RESOURCES DEPT
SALEM, OREGON

(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 02-04-2012

Password : (if filing electronically)

Signed

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.95