JACK 61211

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

Pg 1 of 2

WELL LABEL # L 105869
START CARD # 101695

(1) LAND OWNER
Owner Well I.D. _____
First Name VALERIE Last Name TAUSHER
Company _____
Address PO BOX 2129
City WHITE CITY State OR Zip 97503

(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/ Commericial ☐ Livestock ☐ Dewatering ☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION
Special Standard ☐ Attach copy
Depth of Completed Well 415 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
10	0	31 1/2	BENT CHIPS	0	38 1/2	17	SK
8	31 1/2	38 1/2					
6	38 1/2	415					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED DRY, HYDRATED DOWN HOLE
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"	☒	1 1/2	38 1/2	.250	●		☒	

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 38 1/2
Temp casing ☐ Yes Dia _____ From _____ To _____

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

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1		415	1 HR

Temperature 69 °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 35S N/S Range 1E E/W WM
Sec 6 SW 1/4 of the SE 1/4 Tax Lot 1500
Tax Map Number _____ Lot _____
Lat ° 0 ' " or 42.55025 N DMS or DD
Long ° 0 ' " or 122.74729 W DMS or DD
● Street address of well ○ Nearest address
4825 BUTTE FALLS HWY, EAGLE POINT

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	6-27-12			200

Flowing Artesian? ☐ Dry Hole? ☐
WATER BEARING ZONES Depth water was first found 202-262

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
6-27-12	202	262	1/2			200
6-27-12	282	302	1/4			200
6-27-12	302	322	1/4			200

(11) WELL LOG
Ground Elevation 1867

Material	From	To
CLAY RED/BROWN W/ BOULDERS	0	3
VOLCANIC BROWN FRACT. W/ GREEN & WHITE ROCK	3	7
CLAY RED W/ GRAVEL	7	11
CLAY BROWN W/ RED CINDER	11	14
VOLCANIC BROWN	14	26
VOLCANIC BLACK	26	36
VOLCANIC BLACK & BROWN	36	63
VOLCANIC BROWN & GREY	63	67
VOLCANIC GREY	67	88
VOLCANIC BLUE/GREY	88	111
VOLCANIC DARK GREY	111	120
VOLCANIC BROWN W/ BLUE CLASTS SOFT	120	138
VOLCANIC DARK GREY TO BLACK W/ BROWN SILT	138	208
VOLCANIC BLUE GREY	208	214
VOLCANIC GREY	214	237
VOLCANIC BROWN	237	241

Date Started 6-21-12 Completed 6-26-12

(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 6-27-12
Password (if filing electronically) _____
Signed _____
Contact Info (optional) PIONEER DRILLING, INC

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ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK
Form Version: 0.88

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WATER SUPPLY WELL REPORT - continuation page

PG 2 OF 2

WELL I.D. # L 0 105869

START CARD # 0 1016971

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(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

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

Water Quality Concerns

From	To	Description	Amount	Units

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(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Material		From	To
VOLCANIC	GREY	241	245
VOLCANIC	BLUE GREY	245	269
VOLCANIC	GREY/BROWN	269	271
VOLCANIC	BLACK/BROWN	271	286
VOLCANIC	GREY	286	289
VOLCANIC	BLACK/BROWN	289	296
VOLCANIC	DARK GREY	296	309
VOLCANIC	BLACK/BROWN	309	317
VOLCANIC	GREY/BROWN W/ RED CLASTS	317	323
VOLCANIC	GREY,	323	354
VOLCANIC	GREY/BROWN	354	364
VOLCANIC	BLUE GREY	364	372
VOLCANIC	GREY (BASALT)	372	403
VOLCANIC	BLACK/BROWN	403	415

Comments/Remarks

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

Pg 1 of 2

WELL LABEL # L 105869
START CARD # 101697

(1) LAND OWNER Owner Well I.D. _____
First Name VALERIE Last Name TAUSHER
Company _____
Address PO Box 2129
City WHITE CITY State OR Zip 97503

(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 415 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
10	0	31 1/2	BENT CHIPS	0	38 1/2	17	SK
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6	38 1/2	415					

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POURED DRY, HYDRATED DOWN HOLE
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
●			X	1 1/2	38 1/2	.250	●		X	

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 38 1/2
Temp casing [ ] Yes Dia ____ From ____ To ____

(7) PERFORATIONS/SCREENS
Perforations Method ____
Screens Type ____ Material ____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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Water quality concerns? [ ] Yes (describe below)

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	Date	SWL(psi)	+	SWL(ft)
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License Number ____ Date ____
Password : (if filing electronically) ____
Signed ____

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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.
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Signed ____
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WATER SUPPLY WELL REPORT - continuation page Pg 2 of 2

WELL I.D. # L 105869

START CARD # 1016971

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BORE HOLE Dia	From	To

SEAL Material	From	To	Amt	sacks/ lbs

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

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