		WELLID LADEL "		Page 1 of 1
STATE OF OREGON	JACK 61302	WELL I.D. LABEL# L		
WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)	10/17/2012		1017638	
		ORIGINAL LOG #		
I) LAND OWNER Owner Well I.D. First Name Last Name				
Company BOYD FAMILY TRUST	(,) 200	ATION OF WELL (legal d		
Address 605 MISSOURI FLATS RD		Twp 37.00 S N/		
City GRANTS PASS State OR Zip 97527	Sec <u>19</u>	SW 1/4 of the SW	1/4 Tax Lot <u>67</u>	/00
	Iax Map Nu	umber" or"	Lot	
Alteration (complete 2a & 10) Abandonment	(complete 5a) Lat Long	or or		DMS or DD DMS or DD
a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld Thro		Street address of well ONea	arest address	DMS of DD
Casing:		URI FLATS RD GRANTS PASS,		
Material From To Amt sacks/lbs		-		
Seal:	(10) ST A			
DRILL METHOD X Rotary Air Rotary Mud Cable Auger Cable Mu		TIC WATER LEVEL	SWL(psi) +	SWL(ft)
Reverse Rotary Other	Existing	g Well / Pre-Alteration		SWL(II)
		ted Well 9/7/2012		46
PROPOSED USE Domestic XIrrigation Commun	ity	Flowing Artesian?	Dry Hole?	
Industrial/ Commericial Livestock Dewatering			ter was first found	75.00
ThermalOther	SWL Date	From To Est	Flow SWL(psi)	+ SWL(ft)
BORE HOLE CONSTRUCTION Special Standard	(Attach copy) 9/7/2012	75 177	60	46
Depth of Completed Well 220.00 ft.				
BORE HOLE SEAL Dia From To Material From To	sacks/			
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Amt lbs			
6 41 220				
	(11) WEL			
How was seal placed: Method A B C D		Ground Elevation		
How was seal placed: Method A B C D Mother DRY POURED	Brown Clay	Material	From	<u>To</u>
Backfill placed from ft. to ft. Material		omposed Granite	11	39
Filter pack from ft. to ft. Material Size	Black Grani		39	75
Explosives used: Yes Type Amount	Broken Gree Grey Granit		75	121
a) ABANDONMENT USING UNHYDRATED BENTON			<u> </u>	132
Proposed Amount Actual Amount	Grey Granit		166	182
CASING/LINER	Black Grani		182	214
Casing Liner Dia + From To Gauge Stl Plst			214	220
		CEIVED BY OWRD		
	╡┝┥┝┦╟ <u></u>			
	∮┝┤┝┥╠ <u>──</u> ─	OCT 2 2 2012		<u> </u>
Shoe Inside Outside Other Location of shoe(s)	58'			
Temp casing Yes Dia From To		SALEM, OR		
) PERFORATIONS/SCREENS				
Perforations Method Lazer Cut				
Screens Type Material	Date Start	ed <u>9/7/2012</u> Comp	lete <u>9/7/2012</u>	
Perf/ Casing/Screen Scrn/slot Slot # c Screen Liner Dia From To width length slo		Water Well Constructor Certific	ation	
Perf Liner 4 200 220 .032 1 31	16 I certify that	t the work I performed on the cor	struction, deepening	ng, alteration, or
	abandonmer	t of this well is in compliance	with Oregon wa	ter supply well
		standards. Materials used and info y knowledge and belief.	ormation reported a	above are true to
	License Nut		te 10/17/2012	
WELL TESTS: Minimum testing time is 1 hour		1007	10/1//2012	
	Artesian Signed C	HARLIE GILL (E-filed)		
<u>Yield gal/min</u> <u>Drawdown</u> <u>Drill stem/Pump depth</u> <u>Duration</u>		ater Well Constructor Certificatio	011	
60 220 1	I accept res	consibility for the construction, de	epening, alteration.	, or abandonmer
	work perform	ned on this well during the construc	tion dates reported	above. All wor
			with Oragon wa	ter sunnly we
	performed of	luring this time is in compliance		
Temperature <u>54</u> °F Lab analysis Yes By	performed of construction	standards. This report is true to the	best of my knowle	
	performed of construction	standards. This report is true to the		
Water quality concerns? Yes (describe below) TDS amount	t Units	standards. This report is true to the	best of my knowle	

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