

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

JACK 61947

WELL I.D. LABEL# L 114621
START CARD # 1023257
ORIGINAL LOG #

11/21/2014

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company HAYS RANDOLPH LLC
 Address PO BOX 1220
 City MEDFORD State OR Zip 97501

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing:
 Material From To Amt sacks/lbs
 Seal:

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 500.00 ft.

BORE HOLE			SEAL				sacks/ lbs
Dia	From	To	Material	From	To	Amt	
10	0	33	Bentonite Chips	0	33	12	S
6	33	500					

How was seal placed: Method A B C D E
 Other DRY POURED
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

 Dia 6 + 1.5 From 38.5 To .250 Gauge Stl Plstc Wld Thrd
 Shoe Inside Outside Other Location of shoe(s) 38.5
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____
 Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
 Screen Liner Dia From To width length slots pipe size

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
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
 1.5 _____ 500 1

Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount _____
 From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County JACKSON Twp 35.00 S N/S Range 2.00 W E/W WM
 Sec 26 NW 1/4 of the NE 1/4 Tax Lot 106
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

13325 ANTIOCH RD. WHITE CITY, OR 97503

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	6/5/2014			89

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 237.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
6/5/2014	15	19	5			89
6/5/2014	237	239	0.5			89
6/5/2014	370	375	1			89

(11) WELL LOG Ground Elevation _____

Material	From	To
Tight Brown Clay & Brown Sandstone	0	15
Broken Sandstone Brown	15	19
Grey Sandstone Hard	19	167
Dark Grey Claystone	167	171
Grey/Green Claystone	171	500

Date Started 6/4/2014 Complete 6/5/2014

(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 1955 Date 11/21/2014
 Signed RYAN LEWIS (E-filed)

(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 1835 Date 11/21/2014
 Signed KEVIN D GILL (E-filed)
 Contact Info (optional) Clouser Drilling Inc.