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STATE OF OREGON	JACK 6224		
WATER SUPPLY WELL REPORT	7/0/2015	START CARD #	1026394
(as required by ORS 537.765 & OAR 690-205-0210)	7/8/2015	ORIGINAL LOG #	
(1) LAND OWNER Owner Well I.D.			
First Name Last Name Company STALLION LAND COMPANY LLC	(-)	LOCATION OF WELL (legal d	—
Address PO BOX 3667		ty JACKSON Twp 36.00 S N	
CENTRAL POINT State OR 7:n 975	02 Sec	28 1/4 of the	1/4 Tax Lot 2100
(2) TYPE OF WORK New Well Deepening	Conversion	Map Number" or 42.41438000	Lot
Alteration (complete 2a & 10) Abando	nment(complete 5a)	or 42.4143800	0 DMS or DD
(2a) PRE-ALTERATION		\bullet Street address of well \bullet Ne	000 DMS or DD
Dia + From To Gauge Stl Plstc Wlo Casing:		ACKWELL RD. CENTRAL POINT, OF	
Material From To Amt sacks/lbs		LACKWELLE KD. CEIVIKAL I OIIVI, OF	()1502
Seal:			
(3) DRILL METHOD		STATIC WATER LEVEL	
Rotary Air Rotary Mud Cable Auger Cat	ble Mud	Date Existing Well / Pre-Alteration	e SWL(psi) + SWL(ft)
Reverse Rotary Other		Completed Well 5/13/2015	25
(4) PROPOSED USE X Domestic Irrigation Co		Flowing Artesian?	
Industrial/ Commercial Livestock Dewatering	-	ER BEARING ZONES Depth was	
Thermal Injection Other			t Flow SWL(psi) + SWL(ft)
Depth of Completed Well $\frac{80.00}{\text{ ft.}}$ ft.	ard (Attach copy) 5/	13/2015 60 80	21 25
BORE HOLE SEAL	sacks/		
Dia From To Material From	To Amt lbs		
	18 30 S		
6 18 80 Calc	ulated 8		
Calc	ulated (11)	WELL LOG Ground Elevation	
How was seal placed: Method A B C		Material	From To
X Other DRY POURED		HT BROWN CLAY SMALL GRAVEL	0 22
Backfill placed from ft. to ft. Material	SMA	ALL GRAVEL BROWN CLAY COURSE	E SANI 22 54
Filter pack from ft. to ft. Material		CLAY SMALL GRVL FINE TO COUR	RSE SA 54 80
Explosives used: Yes Type Amount			
(5a) ABANDONMENT USING UNHYDRATED BEN			
Proposed Amount Actual Amount			
(6) CASING/LINER			
	Plstc Wld Thrd		
● <u>6</u> <u>×</u> <u>2</u> <u>58</u> <u>.250</u>			
	$\leftarrow \bowtie \vdash \vdash \vdash$		
Shoe Inside Outside Other Location of sh			
	To		
	<u> </u>		
(7) PERFORATIONS/SCREENS Perforations Method			
Screens Type Material	Dat	e Started5/13/2015 Com	pleted <u>5/13/2015</u>
Perf/ Casing/ Screen Scrn/slot Slot	# of Tele/		-
Screen Liner Dia From To width length	sious pipe size	bonded) Water Well Constructor Certif rtify that the work I performed on the co	
		donment of this well is in compliance	
		truction standards. Materials used and in	
	the	best of my knowledge and belief.	
	Lice	nse Number 1945 D	Pate 7/8/2015
(8) WELL TESTS: Minimum testing time is 1 hour	Sigr		
	lowing Artesian	JUSTIN SPLIETHOF (E-filed)	
Tield gal min Brandown Bin Stein Famp depti		(bonded) Water Well Constructor Certification	
22 28.8 80		cept responsibility for the construction, d	
		performed on this well during the constru- primed during this time is in compliant	
		truction standards. This report is true to the	
Water quality concerns? Yes (describe below) TDS amount <u>312 ppm</u> From To Description Amount Units		<u>1855</u> D	Pate 7/8/2015
	Sigr	ed KEVIN D GILL (E-filed)	
	Con	act 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: