

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



JACK 62393

11/1/2015

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

118324
1028721

(1) LAND OWNER Owner Well I.D. _____
 First Name MARCOS / HEIDI Last Name MARTINS
 Company _____
 Address 14430 HWY 238
 City APPELGATE State OR Zip 97530

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

(2a) PRE-ALTERATION

Casing:	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

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 204.00 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amt lbs
10	0	59	Bentonite Chips	0	59	24 S
6	59	204				Calculated 24
						Calculated

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	1	59	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 59
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS Perforations Method Factory

Perf/Screen	Casing/Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
		4	164	204	.032	2	6000	4

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
12		203	1

Temperature 61 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 264 ppm
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
 County JACKSON Twp 38.00 S N/S Range 4.00 W E/W WM
 Sec 22 NW 1/4 of the NE 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or 42.25509109 DMS or DD
 Long _____ " or -123.15757118 DMS or DD
 Street address of well Nearest address
14430 HWY 238 APPELGATE OREGON 97530

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	11/1/2015			45

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 135.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
11/1/2015	135	204	12			45

(11) WELL LOG Ground Elevation _____

Material	From	To
Clay, Brown, w/ cobbles	0	8
Clay, Brown w / rock	8	18
Rock, red / brown, med. hard Clay seams	18	51
Rock, brown, med. hard Fine grain	51	88
Rock, Brown, Med-soft With 50 % quartz	88	203
Basalt, black	203	204

Date Started 11/1/2015 Completed 11/1/2015

(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 _____
 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 1798 Date 11/1/2015
 Signed GARY NEWMAN (E-filed)
 Contact Info (optional) Southern Oregon Well Drilling 541-772-1177

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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11/1/2015

Map of Hole

STATE OF OREGON WELL LOCATION MAP	Oregon Water Resources Department 725 Summer St NE, Salem OR 97301 (503)986-0900	
This map is supplemental to the WATER SUPPLY WELL REPORT		
LOCATION OF WELL	Well Label: 118324	
Latitude: 42.2550910903 Datum: WGS84	Printed: November 1, 2015	
Longitude: -123.15757118	DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.	
Township/Range/Section/Quarter-Quarter Section: WM 38S 4W 22 NWNE	Provided by well constructor	
Address of Well: 14430 HWY 238 APPELGATE OREGON 97530		

