

(1) **LAND OWNER** Owner Well I.D. _____
 First Name DOGS FOR THE DEAF Name _____
 Company _____
 Address 10175 WHEELER RD
 City CENTRAL POINT State OR Zip 97502

(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
 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 290' ft.
 BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
10"	0	23'	BENTONITE	0	23'		16scks
6"	23'	290'	BENTONITE	0	23'		16scks

How was seal placed: Method A B C D E
 Other BENTONITE (POURED DRY)
 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 Pounds Actual Amount Pounds

(6) **CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6"		+1	40'	.280	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4"		0	290'	.160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

 Shoe Inside Outside Other Location of shoe(s) 40'
 Temp casing Yes Dia 10" From 0 To 2'

(7) **PERFORATIONS/SCREENS** Perforations Method PRE-CUT
 Screens Type _____ Material _____

Perf/S	Casing/Screen	Line#	Dia	From	To	Serm/slot width	Slot length	# of slots	Tele/pipe size
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30	4"	0	290'		LOTS		4"

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailor Air Flowing Artesian
 Yield gal/min 34 gpm Drawdown 180' Drill stem/Pump depth _____ Duration (hr) 1 hr
 Temperature 53° °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 143

From	To	Description	Amount	Units

(9) **LOCATION OF WELL (legal description)**
 County JACKSON Twp 36s N/S Range 2W E/W WM
 Sec 9 NW 1/4 of the NE 1/4 Tax Lot 200
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
10175 WHEELER RD CENTRAL POINT OR 97502

(10) **STATIC WATER LEVEL**

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>Nov 18, 2015</u>		<u>15'</u>

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 80'

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>11/18/15</u>	<u>80'</u>	<u>82'</u>	<u>5 gpm</u>		<u>15'</u>
<u>11/18/15</u>	<u>200'</u>	<u>201'</u>	<u>7 gpm</u>		<u>15'</u>
<u>11/18/15</u>	<u>250'</u>	<u>255'</u>	<u>22 gpm</u>		<u>15'</u>

(11) **WELL LOG** Ground Elevation _____

Material	From	To
SOIL (BROWN)	0	2'
CLAY (YELLOW)	2'	11'
CLAYSTONE (YELLOW)	11'	14'
CLAYSTONE (PINK)	14'	35'
CLAYSTONE (WHITE)	35'	80'
CLAYSTONE (BLUE)	80'	190'
CLAYSTONE (PINK)	190'	210'
CLAYSTONE (BLUE)	210'	290'

 RECEIVED BY OWRD
 DEC 07 2015
 SALEM, OR

Date Started Nov 9, 2015 Completed Nov 18, 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 1705 Date Nov 18, 2015
 Signed Scott Coffey
 Contact Info (optional) _____