LOST! AMENDED WELL I.D. LABEL# L 119274 148746 **JACK 62586** STATE OF OREGON START CARD# WATER SUPPLY WELL REPORT 1030154 (as required by ORS 537.765 & OAR 690-205-0210) 5/23/2016 ORIGINAL LOG# (1) LAND OWNER Owner Well I.D. First Name DARREN Last Name GLAHN (9) LOCATION OF WELL (legal description) Company County JACKSON Twp 35.00 S N/S Range 1.00 W E/W WM Address 705 SOLIDER CREEK RD Sec <u>22</u> NE 1/4 of the **SW** 1/4 Tax Lot <u>1000</u> City GRANTS PASS State OR × New Well Tax Map Number Deepening (2) TYPE OF WORK Alteration (complete 2a & 10) Abandonment(complete 5a) " or DMS or DD (2a) PRE-ALTERATION Street address of well Stl Plstc Wld Thrd Nearest address Gauge 14010 HWY 62 EAGLE POINT OR 97524 Material From To Amt sacks/lbs Seal: (10) STATIC WATER LEVEL (3) DRILL METHOD SWL(psi) SWL(ft) X Rotary Air Rotary Mud Cable Auger Existing Well / Pre-Alteration Reverse Rotary Other Completed Well 4/1/2016 Flowing Artesian? **X** Domestic Dry Hole? (4) PROPOSED USE Irrigation Industrial/ Commericial Livestock Dewatering WATER BEARING ZONES Depth water was first found 20.00 Thermal Injection Other SWL Date + SWL(ft) To Est Flow SWL(psi) From (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy 4/1/2016 20 Depth of Completed Well 200.00 ft. 4/1/2016 160 165 10 15 BORE HOLE **SEAL** sacks 4/1/2016 180 185 10 15 Dia From Material From To Amt lbs 39 1400 P 10 39 0 Bentonite Chips Calculated 6 (11) WELL LOG Calculated Ground Elevation 1454.00 То How was seal placed: Method From X Other POURED DRY clay 25 ft. to ____ __ ft. Material Backfill placed from _ claystone 200 _ ft. to ft. Material Filter pack from ____ Yes Type__ Explosives used: Amount (5a) ABANDONMENT USING UNHYDRATED BENTONITE Actual Amount Proposed Amount (6) CASING/LINER Dia Casing Liner From To Gauge Plstc Wld $|\mathbf{X}|$ 39 .250 .250 X • Inside X Outside Other Location of shoe(s) 40 Temp casing X Yes Dia 10 From 0 (7) PERFORATIONS/SCREENS Perforations Method saw cut Screens Type _ Material Date Started4/1/2016 Completed 5/13/2016 Perf/ Casing/ Screen Scrn/slot Slot # of Tele/ (unbonded) Water Well Constructor Certification Screen Liner From To width slots pipe size length Perf Liner 200 I certify that the work I performed on the construction, deepening, alteration, or .188 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 (8) WELL TESTS: Minimum testing time is 1 hour Signed Air Flowing Artesian O Pump (Bailer (bonded) Water Well Constructor Certification Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 15 I accept responsibility for the construction, deepening, alteration, or abandonment

ORIGINAL - WATER RESOURCES DEPARTMENT

°F Lab analysis Yes By_

Yes (describe below) TDS amount 122

Temperature 55

Water quality concerns?
From To

License Number 1661

Signed BRAD MILKOWSKI (E-filed)

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.

Contact Info (optional) GRIBBLE WELL DRILLING 541-855-1328

Date 5/23/2016



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem Oregon 97301 (503) 986-0900 www. oregon.gov/owrd

Application for Well ID Number

RECEIVED

Do not complete if the well	already has a V	Vell Identification	Number.
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SEPT 22 2022

	SEP1 22 2022
I. <u>OWNER INFORMATION</u>	OWRD
Current Owner Name (please print): DARREN GLAHN	
Mailing Address: 705 SOLDIER CREEK ROAD	
City, State, Zip: GRANTS PASS, OR 97526	
Mail Well ID to: SAME AS ABOVE In Care Of (C/O)	
Name & Address: JACOB FISHER 13003 HWY 62	
City, State, Zip: EAGLE POINT, OR 97524	1
II. WELL LOCATION INFORMATION (Please fill out as completely as possible) Township: 35S (North / South) Range: 1W (East / West) Section: 22 NE Tax Lot (usually last 3-5 numbers of Tax Map #): 2904 County JACKSON GPS Coordinates: 42.51149 -122.80865 Street Address of Well, City: 14010 HWY 62 EAGLE POINT If the property had a different street address in the past: N/A III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION, INCLUDING N	Well Report, if available)
Date Well Constructed (or property built): 5-13-2016 Total Well Depth: 200' Casi Owner at time the well was constructed (if known): DARREN GLAHN Well Report # (if known)	ing Diameter: 0
Owner at time the well was constructed (if known): DARKEN GLAHN Well Report # (if known)	n): JACK 02000
Other Information: WELL ID # L 119274 attached by driller LOST! Need replacement SUBMITTED BY (please print): RICK PARSONS PHONE: 541.499.0257 EMAIL &/or FAX: RICK.PARSONS@PARSON	SWATER.COM
Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 975 or you are welcome to email the completed form to Ladeena.K.Ashley@oregon.gov. *R	301, fax to (503) 986-0902, . eplacement Tag*
For Official Use Only by the Oregon Water Resources Department:	
Received Date: Well Report Number: 9-22-22 JACK 62586	Well Identification #: L 148746