

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

WELL I.D. LABEL# 122277
START CARD # 1030413
ORIGINAL LOG #

6/2/2016

(1) LAND OWNER Owner Well I D
First Name MARK Last Name DEGNER
Company
Address 950 TOWN CENTER DR
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 280.00 ft

BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	sacks/ lbs
10	0	20	Bentonite Chps	0	70	750	P
6	20	280			Calculated	700	
					Calculated		

How was seal placed: Method A B C D E
 Other 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 Actual Amount

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

Shoe Inside Outside Other Location of shoe(s)
Temp casing Yes Dia 10 From 0 To 3

(7) PERFORATIONS/SCREENS Perforations Method saw cut

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/ pipe size
	<input checked="" type="checkbox"/>	4	220	280	188	5	90	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
30 280 1
Temperature 55 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 158 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County JACKSON Twp 35.00 S N/S Range 1.00 W E/W WM
Sec 12 1/4 of the 1/4 Tax Lot 300
Tax Map Number Lot
Lat _____ " or 42.53655000 DMS or DD
Long _____ " or -122.77138000 DMS or DD
 Street address of well Nearest address
2000 BUTTE FALLS HWY. EAGLE POINT OR 97524

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	5/6/2016			25

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 80.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5/6/2016	80	85	5			25
5/6/2016	265	270	40			25

(11) WELL LOG Ground Elevation 1700.00

Material	From	To
clay	0	15
claystone	15	280

RECEIVED BY OWRD
AMENDED BY:
SEP 01 2016
SALEM, OR LIC # 1661
DATE: 3/23/17

Date Started 5/6/2016 Completed 5/7/2016
(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 1661 Date 6/2/2016
Signed BRAD MILKOWSKI (E-filed)
Contact Info (optional) GRIBBLE WELL DRILLING 541-855-1328