

(1) LAND OWNER

Owner Well I.D. JACK 62649
First Name Dale Last Name Beatie
Company _____
Address P.O. Box 196
City Rogue River State OR Zip 97537

(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 Thrld

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 ☐ Livestock ☐ Dewatering
☐ Industrial/ Commercial ☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 200 ft. Special Standard ☐ (Attach copy)

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	lbs
10	0	18	Bentonite	0	18	10	
6	18	200				Calculated	
						500	lbs

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Dry Powdered - Hydrated

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	Thrld
☒	☒	6	+	1	19	.250	☒	☒	☒	
☐	☐	4		0	180	.160	☐	☐	☐	

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 19

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Saw
Screens Type Cresline Material PVC

Perf/S	Casing/	Screen	From	To	Scr/slot	Slot	# of	Tele/
green	Liner	Dia	width	length	width	length	slots	pipe size
☒	☒	4	180	200	.020	2.75	3500	

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
40		19.5	1 hr

Temperature 56 °F

Water quality concerns? ☐ Yes (describe below) TDS amount 108

From	To	Description	Amount	Units
		AUG 17 2016		

(9) LOCATION OF WELL (legal description)

County Jackson Twp 35 N/S Range 4 E/W WM
Sec 3 NW 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

1298 Pleasant Creek

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	7/12/16			18

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 155

SWL Date From To Est Flow SWL (psi) + SWL (ft)

7/12/16	155	157	20		18
7/12/16	165	168	10		18
7/12/16	188	189	10		18

(11) WELL LOG

Ground Elevation _____

Material	From	To
Consolidated Brown white decomposed Granite	0	12
Consolidated Brown black white Tombstone Granite	12	19
Consolidated Black white Tombstone Granite fractured	19	180
Hard Black white Tombstone Granite	180	200

Date Started 7/12/16 Completed 7/12/16

(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 1251 Date 7/13/16

Signed Michael S. Pierce

(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 1251 Date 7/13/16

Signed Michael S. Pierce

Contact Info (optional) _____