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

**JACK 62826**

**11/4/2016**

**WELL I.D. LABEL# L** 122296
**START CARD #** 1032421
**ORIGINAL LOG #**

## (1) LAND OWNER

Owner Well I.D.
First Name DIMITRIOS Last Name VARELDZIS
Company
Address 1886 OBENCHAIN RD
City EAGLE POINT State OR Zip 97524

## (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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

## (5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 260.00 ft.

BORE HOLE

| Dia | From | To |
|---|---|---|
| 10 | 0 | 19 |
| 6 | 19 | 260 |
| | | |
| | | |

SEAL

| Material | From | To | Amt | sacks/lbs |
|---|---|---|---|---|
| Bentonite Chips | 0 | 19 | 750 | P |
| | | 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 | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|---|---|---|---|---|---|---|---|---|---|---|
| ● | ○ | 6 | ☒ | 1 | 19 | .250 | ● | ○ | ☐ | ☐ |
| ○ | ● | 4 | ☐ | 0 | 260 | .250 | ○ | ● | ☐ | ☒ |
| ○ | ○ | | ☐ | | | | ○ | ○ | ☐ | ☐ |
| ○ | ○ | | ☐ | | | | ○ | ○ | ☐ | ☐ |
| ○ | ○ | | ☐ | | | | ○ | ○ | ☐ | ☐ |

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

## (7) PERFORATIONS/SCREENS

Perforations Method saw cut
Screens Type Material

| Perf/ Screen | Casing/ Screen Liner | Dia | From | To | Scrn/slot width | Slot length | # of slots | Tele/ pipe size |
|---|---|---|---|---|---|---|---|---|
| Perf | Liner | 4 | 200 | 260 | .188 | 5 | 90 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

## (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 | | 260 | 1 |
| | | | |
| | | | |

Temperature 56 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 130 ppm

| From | To | Description | Amount | Units |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## (9) LOCATION OF WELL (legal description)

County JACKSON Twp 36.00 S N/S Range 1.00 E E/W WM
Sec 2 1/4 of the 1/4 Tax Lot 500
Tax Map Number Lot
Lat ° ' " or 42.47404000 DMS or DD
Long ° ' " or -122.66319000 DMS or DD
◉ Street address of well ○ Nearest address
1886 OBENCHAIN RD
EAGLE POINT, OR 97524

## (10) STATIC WATER LEVEL

| | Date | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|
| Existing Well / Pre-Alteration | | | | |
| Completed Well | 10/7/2016 | | | 60 |

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 240.00

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|---|---|
| 10/7/2016 | 240 | 250 | 40 | | | 60 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## (11) WELL LOG

Ground Elevation 2100.00

| Material | From | To |
|---|---|---|
| clay | 0 | 12 |
| claystone | 12 | 260 |

Date Started 10/7/2016 Completed 10/9/2016

**(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 11/4/2016

Signed BRAD MILKOWSKI (E-filed)

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

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: