STATE OF OREGON	JACK	63405		.D. LADEL		66		
WATER SUPPLY WELL REPORT			STA	ART CARD	# 1038	532		
(as required by ORS 537.765 & OAR 690-205-0210)	5/2/2	018	ORIG	INAL LOG	#			
1) LAND OWNER Owner Well I.D.								
First Name LOGAN Last Name CARR	•	(9) LOCATI	ON OF W	FII (logo	l docori	intion)		
Company						_	***	
Address P.O. BOX 1695		County JACKSON						_ E/W WN
City JACKSONVILLE State OR Zin 97530		Sec 18 S						
City JACKSONVILLE State OR Zip 97530  2) TYPE OF WORK   New Well   Deepening	Conversion	Tax Map Numbe	r			Lot		
Alteration (complete 2a & 10) Abandonn	pent(complete 5a)	Tax Map Numbe	'	" or			_ D	MS or DD
2a) PRE-ALTERATION	ient(complete 3a)	Long°		or			_ D	MS or DD
Dia + From To Gauge Stl Plstc Wld	Γhrd	<ul><li>Street</li></ul>	et address of	well	Nearest a	ddress		
Casing:		9595 STERLING	G CR RD JA	CKSONVILL	E OR 975	30		
Material From To Amt sacks/lbs	_							
Seal:	•							
3) DRILL METHOD		(10) STATIC	WATER					
Rotary Air Rotary Mud Cable Auger Cable	Date SWL(psi) + SWL(ft)							
Reverse Rotary Other		Existing Well / Pre-Alteration Completed Well 4/27/2018 80						
		Completed V		4/27/20			Щ	80
4) PROPOSED USE	nunity		Flowin	g Artesian?	Dr	y Hole?		
Industrial/ Commericial Livestock Dewatering	7	WATER BEARIN	NG ZONES	Depth	water wa	s first found	250.0	)0
Thermal Injection Other		SWL Date	From	To	Est Flow	SWL(psi)	+ 5	SWL(ft)
5) BORE HOLE CONSTRUCTION Special Standard	(Attach copy)		1			T 7		
	(Attach copy)	4/27/2018	250	260	50			80
Depth of Completed Well 270.00 ft.								
BORE HOLE SEAL	sacks/						Ш	
	o Amt lbs						ш	
10	9.5 S ited 8.22						Ш	
6 18 270 Calcula								
Calcula	ited	(11) WELL L	.OG	Ground Eleva	ition			
How was seal placed: Method A B C	. '——		Material	Ground Eleve		From		To
X Other POURED BENTONITE		brn clay	Material			0	$\neg$	4
		brn shale med ha	ırd			4	+-	20
Backfill placed from ft. to ft. Material	C:	gray shale w/f	ii u			20	+	270
Filter pack from ft. to ft. Material		gray shale w/i				20	+-	270
Explosives used: Yes Type Amount							+-	
5a) ABANDONMENT USING UNHYDRATED BENT	ONITE						+	
Proposed Amount Actual Amount	01,112						$\top$	
6) CASING/LINER Casing Liner Dia + From To Gauge Stl	Di-t- Wild Thud							
	Plstc Wld Thrd							
4   0   270   80140   >	$\Rightarrow$ HHI							
	$\rightarrow$ HHH						Д_	
	$\rightarrow$ HHH							
							—	
Shoe Inside Outside Other Location of shoe	(s) <u>18</u>						—	
Temp casing Yes Dia From + T	О							
7) PERFORATIONS/SCREENS							+-	
Perforations Method saw cut						L		
Screens Type Material		Date Started4	/27/2018	Co	mpleted	d 4/27/2018		
Perf/ Casing/ Screen Scrn/slot Slot	# of Tele/							
Screen Liner Dia From To width length	slots pipe size	(unbonded) Wa						
Perf         Liner         4         230         270         .188         6	24 4	I certify that the						
		abandonment of						
		construction star			informat	ion reported	above	e are true to
		the best of my k	•	i beller.				
		License Number	·		Date _			
8) WELL TESTS: Minimum testing time is 1 hour		G: 1						
	wing Artesian	Signed						
9 9	ntion (hr)	(bonded) Water	Well Const	nictor Certifi	cation			
50 269	1	I accept respons				na altoration	n or .	ahandanmar
207		work performed						
	<del> </del>	performed durin						
		construction stan						
Temperature 51 °F Lab analysis Yes By				-Fore 15 true to		-	50	conor.
Water quality concerns? Yes (describe below) TDS amount From To Description An	112 ppm nount Units	License Number	1648		Date <u>5/2</u>	/2018		
110m 10 Description An	am Omes	Signed BARR	V DEI VEV	(E filed)				
		Contact Info (on	Y PELKEY					
· · · · · · · · · · · · · · · · · · ·	1 1	L OBERCE INTO CONS						