**JACK 63780** WELL I.D. LABEL# L STATE OF OREGON WATER SUPPLY WELL REPORT START CARD# (as required by ORS 537.765 & OAR 690-205-0210) **ORIGINAL LOG#** (1) LAND OWNER Owner Well I.D JACK First Name JUAN Last Name ESQUEDA (9) LOCATION OF WELL (legal description) Company\_ County Theusen Twp 35 N/S Range I W Address 1442 Sec 72 NE 1/4 of the Nin 1/4 Tax Lot 1500 State \_(7) Zip 🗳 New Well Tax Map Number Deepening (2) TYPE OF WORK DMS or DD Alteration (complete 2a & 10) (2a) PRE-ALTERATION DMS or DD Street address of well Nearest address 14378 HWY 62 Material Amt sacks/lbs From To EAGLE POINT OX Seal: (10) STATIC WATER LEVEL Rotary Air Rotary Mud Cable Auger Cable Mud Date SWL(psi) SWL(ft) Existing Well / Pre-Alteration Reverse Rotary Other Completed Well Domestic Flowing Artesian? Dry Hole? Industrial/ Commericial Livestock Dewatering WATER BEARING ZONES Depth water was first found Thermal Injection Other SWL Date Est Flow SWL(psi) + SWL(ft) From To Special Standard (Attach copy 18 185 Depth of Completed Well 256 ft. **BORE HOLE** SEAL sacks/ Material From From BENDONITE Calculated BENDWITE D (11) WELL LOG Calculated Ground Elevation How was seal placed: Method A B В Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_ · Filter pack from \_ \_ ft. to ft. Material Explosives used: Yes Type\_\_\_ Amount Pounds Proposed Amount Actual Amount RECEIVED Plstc Wld Thrd From Liner MAY 0.8 2019 **OWRD** Inside Outside Other Location of shoe(s) Temp casing Yes Dia\_/0 ' From O

(3) DRILL METHOD (4) PROPOSED USE (5) BORE HOLE CONSTRUCTION (5a) ABANDONMENT USING UNHYDRATED BENTONITE (6) CASING/LINER Dia (7) PERFORATIONS/SCREENS Preforations Method Preforations Date Started Jon 31, 2019 completed 40-14, 2019 Screens Type Material Casing/ Screen # of Tele/ Scrn/slot Slot (unbonded) Water Well Constructor Certification slots 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 (8) WELL TESTS: Minimum testing time is 1 hour Signed Pump Bailer ( ) Air Flowing Artesian (bonded) Water Well Constructor Certification Drawdown Drill stem/Pump depth Duration (hr) 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. Temperature 5/ °F Lab analysis Yes By. Water quality concerns? Yes (describe below) TDS amount 43. License Number Description Signed Contact Info (optional) ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95