

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

JACK 64425 6/8/2020

WELL I.D. LABEL# L 138548 START CARD # 1047552 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. First Name ERIC & AMY Last Name WALPORT Company WALPORT FAMILY CELLAR Address 470 SLAGLE CR RD City GRANTS PASS State OR Zip 97527

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion [] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION Casing: Dia + From To Gauge Stl Plstc Wld Thrd Seal: Material From To Amt sacks/lbs

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE [X] Domestic [] Irrigation [] Community [] Industrial/ Commercial [] Livestock [] Dewatering [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy) Depth of Completed Well 150.00 ft. BORE HOLE Dia From To Material From To Amt sacks/lbs

How was seal placed: Method [] A [] B [] C [] D [] E [X] Other POURED BENTONITE 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 Shoe [] Inside [X] Outside [] Other Location of shoe(s) 58 Temp casing [] Yes Dia From + To

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) Temperature 51 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) TDS amount 171 ppm From To Description Amount Units

(9) LOCATION OF WELL (legal description) County JACKSON Twp 37.00 S N/S Range 4.00 W E/W WM Sec 31 SE 1/4 of the SE 1/4 Tax Lot 1304 Tax Map Number Lot Lat Long Street address of well 330 SLAGLE CR RD GRANTS PASS OR 97527

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 5/4/2020 40 WATER BEARING ZONES Depth water was first found 100.00 SWL Date From To Est Flow SWL(psi) + SWL(ft) 5/4/2020 100 150 80 40

(11) WELL LOG Ground Elevation Material From To brown clay 0 20 brown granite med-hard 20 60 gray granite med-hard 60 150

Date Started 5/4/2020 Completed 5/4/2020 (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. 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. License Number 1648 Date 6/8/2020 Signed BARRY PELKEY (E-filed) Contact Info (optional) Barry Pelkey