

(1) LAND OWNER
Owner Well I.D. _____
First Name _____ Last Name _____
Company DARK HOLLOW WATER ASSN
Address 4 PIONEER RD.
City MEDFORD State OR Zip 97501

(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 Thrld
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/ Commercial Livestock Dewatering
 Thermal Injection Other _____

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

How was seal placed: Method A B C D E
 Other _____
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 Thrld
Shoe Inside Outside Other Location of shoe(s) _____
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 Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
Temperature _____ °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 287 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County JACKSON Twp 38.00 S N/S Range 2.00 W E/W WM
Sec 12 SW 1/4 of the NW 1/4 Tax Lot 1200
Tax Map Number _____ Lot _____
Lat _____ " or 42.28240000 DMS or DD
Long _____ " or -122.89114000 DMS or DD
 Street address of well Nearest address
0 DARK HOLLOW RD. MEDFORD OR 97501

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found
SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG
Ground Elevation _____
Material From To
Welded 20" piece of casing to well head 0 260
Attach ID tag 138491 0 260
Date Started 7/17/2020 Completed 7/17/2020

(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. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 1945 Date 7/20/2020
Signed JUSTIN SPLIETHOF (E-filed)

(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 1835 Date 7/20/2020
Signed KEVIN GILL (E-filed)
Contact Info (optional) CLOUSER DRILLING INC.