			-	Page 1 of 2
STATE OF OREGON	JACK 644	194 WELL I.D. LABEL#	L 114220	
WATER SUPPLY WELL REPORT		START CARD #	1047672	
(as required by ORS 537.765 & OAR 690-205-0210)	8/7/2020	ORIGINAL LOG #		
(1) LAND OWNER Owner Well I.D.				
First Name ANDREA Last Name COOK		LOCATION OF WELL (legal	description)	
Company			-	
Address PO BOX 5111		y JACKSON Twp 37.00 S N		
City CENTRAL POINT State OR Zip 97 (2) TYPE OF WORK New Well Deepening	502 Sec _	28 SW 1/4 of the <u>NE</u>	$\frac{1}{4}$ 1 ax Lot <u>3800</u>	
(2) TYPE OF WORK New Well Deepening	Conversion Tax N	Iap Number " or 42.3235000"	Lot	
Alteration (complete 2a & 10) Aband			00	
(2a) PRE-ALTERATION	Long			DMS or DD
Dia + From To Gauge Stl Plstc W		Street address of well N	earest address	
Casing:6 X 238.250 \bigcirc X		W MAIN ST. MEDFORD OR 97501		
Material From To Amt sacks/lbs				
Seal: Bentonite Chips 0 18 12 Sacks		STATIC WATER LEVEL		
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Ca		Dat	te SWL(psi) +	SWL(ft)
	E E	Existing Well / Pre-Alteration		5 (FE(II)
Reverse Rotary Other		Completed Well 6/19/2020)	8
(4) PROPOSED USE X Domestic Irrigation C	ommunity	Flowing Artesian?	Dry Hole?	
Industrial/ Commericial Livestock Dewatering		ER BEARING ZONES Depth w	vater was first found 14	1.00
		1	st Flow SWL(psi) +	
	REG 0 10 2020	L Date FIOIII 10 Es	st Flow SwL(psi) +	SWL(II)
	dard X (Attach copy) $6/1$	9/2020 14 25	8	8
Depth of Completed Well 53.00 ft.				
BORE HOLE SEAL	sacks/			
Dia From To Material From 10 0 14 Bentonite Chips 0	To Amt lbs			
	14 10 S culated 6.39			
Cal	culated (11)	WELL LOG Ground Elevation	on	
How was seal placed: Method A B C		Material	From	То
X Other DRY POURED	Over	drilled Seal- 0'-18'	0	53
Backfill placed from ft. to ft. Material	New	Bentonite Seal- 0'-14'	0	53
Filter pack from <u>14</u> ft. to <u>25</u> ft. Material <u>PEA GV</u>	L Size pea gravel Filter	Packed with Pea Gravel- 14'-25'	0	53
Explosives used: Yes Type Amount	Plugg	ed bottom of well with Cmnt	0	53
	10110	rated Casing with Air 14'-25'	0	53
(5a) ABANDONMENT USING UNHYDRATED BE	NIONITE Devi	well 2 hrs (special standard alt)	0	53
Proposed Amount Actual Amount				
(6) CASING/LINER Casing Liner Dia + From To Gauge S				
	• C X I I VId Thrd			
	* * # +			
	\times \rtimes \vdash \vdash \vdash			
	× ⋊⊢ ⊢ ⊫			
	× ⋊⊢ ⊢⊫			
Shoe Inside Other Location of s	shoe(s)			
Temp casing Yes Dia From +	То			
	<u> </u>			
(7) PERFORATIONS/SCREENS Perforations Method Holte Air				
Screens Type Material	Doto	Started6/18/2020 Con	npleted 6/19/2020	
Perf/ Casing/ Screen Scrn/slot Slo		Started 0/18/2020 COI	.ipieteu <u>0/19/2020</u>	
Screen Liner Dia From To width lengt	h slots pipe size (unb	onded) Water Well Constructor Certi		
Perf Casing 6 14 25 .188 1		ify that the work I performed on the c		
		donment of this well is in complian		
		ruction standards. Materials used and i est of my knowledge and belief.	nformation reported abo	ove are true to
			Data	
			Date	
(8) WELL TESTS: Minimum testing time is 1 hour	Signe	ed		
Pump Dailer Air	Flowing Artesian			
Yield gal/min Drawdown Drill stem/Pump depth	Duration (hr) (bond	led) Water Well Constructor Certifica	ition	
8 38		ept responsibility for the construction,		
		performed on this well during the constr		
		rmed during this time is in complian		
Temperature <u>56</u> °F Lab analysis Yes By		ruction standards. This report is true to t	ine best of my knowledg	ge and belief.
Water quality concerns? Yes (describe below) TDS amore From To Description	unt <u>370 ppm</u> Licer	se Number 1835	Date 8/7/2020	
From To Description	Amount Units Signe	ed KEVIN GILL (E-filed)		
	¥	act Info (optional) Clouser Drilling Inc		
		(optional) Clouser Drining Inc		
OBICINAL	VATER RESOLIDCES DEDART	MENT		

	ORIGINA	L - WATE	K RESOUR	CES DEPA	RIMENI	

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

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow **JACK 64494**

8/7/2020

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

LOCATION OF WELL

Latitude: 42.32350 Datum: WGS84 Longitude: -122.94328 Township/Range/Section/Quarter-Quarter Section: WM37.00S2.00W28NWSE Address of Well: 4425 W MAIN ST. MEDFORD OR 97501

Oregon Water Resources Department 725 Summer St NE, Salem OR 97301 (503)986-0900

OREGON

Well Label: 114220 Printed: August 7, 2020

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

