

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

JACK 64508

WELL I.D. LABEL# L 138935
START CARD # 1048484
ORIGINAL LOG #

8/20/2020

(1) LAND OWNER

Owner Well I.D.
First Name Last Name
Company BOAVIDA COMMUNITIES
Address 3511 DEL PASO RD.
City SACRAMENTO State CA Zip 95835

(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 Thrld
Material From To Amt sacks/lbs
Seal:

(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

Depth of Completed Well 140.00 ft. Special Standard [] (Attach copy)

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Includes rows for Bentonite Chips and Calculated values.

How was seal placed: Method [] A [] B [] C [] D [] E

[X] Other DRY POURED

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

Table with columns: Casing, Liner, Dia, +, From, To, Gauge, Stl, Plstc, Wld, Thrld. Includes a diagram of casing types.

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 98

Temp casing [X] Yes Dia 6 From + [X] 1 To 4

(7) PERFORATIONS/SCREENS

Perforations Method Holte Air

Screens Type Material

Table with columns: Perf/ Screen, Casing/ Screen, 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)

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes a row with values 11, 98, 1.

Temperature 54 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below) TDS amount 57 ppm

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County JACKSON Twp 36.00 S N/S Range 4.00 W E/W WM

Sec 29 NW 1/4 of the NW 1/4 Tax Lot 2000

Tax Map Number Lot

Lat ° ' " or 42.41775000 DMS or DD

Long ° ' " or -123.20658000 DMS or DD

[X] Street address of well [] Nearest address

7001 ROGUE RIVER HWY GRANTS PASS, OR 97527

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), +, SWL(ft). Includes a row for Completed Well on 8/11/2020 with SWL 57.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 78.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), +, SWL(ft). Includes a row for 8/11/2020 with values 78, 98, 11, 98, 1.

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Lists geological layers like DARK BROWN CLAY, BROWN CLAY COBBLE MXD GRAVEL, etc.

Date Started 8/10/2020 Completed 8/11/2020

(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 1945 Date 8/17/2020

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.

License Number 1835 Date 8/20/2020

Signed KEVIN GILL (E-filed)

Contact Info (optional) CLOUSER DRILLING INC.

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

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8/20/2020

Map of Hole

