

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

JACK 64558

10/11/2020

WELL I.D. LABEL# L 33997
START CARD # 1049316
ORIGINAL LOG # JACKSON 53419

(1) LAND OWNER
Owner Well I.D.
First Name Last Name
Company TRAIL CHRISTIAN FELLOWSHIP
Address 1881 HWY 62
City EAGLE POINT State OR Zip 97524

(2) TYPE OF WORK
New Well [] Deepening [x] 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 [x] Rotary Mud [] Cable [] Auger [] Cable Mud []
Reverse Rotary [] Other []

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

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 200.00 ft.
BORE HOLE
Dia From To Material SEAL Amt sacks/lbs

How was seal placed: Method [] A [] B [] C [] D [] E []
[] Other UNDISTURBED
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 factory cut
Screens Type Material
Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
Pump [] Bailer [] Air [x] Flowing Artesian []
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
Temperature 58 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below) TDS amount 82 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County JACKSON Twp 34.00 S N/S Range 1.00 W E/W WM
Sec 33 NE 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number Lot
Lat " or 42.57650828 DMS or DD
Long " or -122.82034892 DMS or DD
[] Street address of well [] Nearest address

SAME

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 10/8/2020 120
Completed Well 10/8/2020 40
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Depth water was first found
SWL Date From To Est Flow SWL(psi) + SWL(ft)
10/8/2020 130 180 100 40

(11) WELL LOG
Ground Elevation
Material From To
See original log 0 140
Claystone, Brown fractured 140 200

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

(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 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. 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 1798 Date 10/11/2020
Signed GARY NEWMAN (E-filed)
Contact Info (optional) Southern Oregon Well Drilling Inc. 541-772-1177

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

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Map of Hole

