

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

JACK 64886

WELL I.D. LABEL# L 98066
START CARD # 1052274
ORIGINAL LOG # JACKSON 59216

6/24/2021

(1) LAND OWNER
Owner Well I.D.
First Name HERB Last Name QUADY
Company QUADY LLC
Address PO BOX 209
City MADERA State CA Zip 93639

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

(2a) PRE-ALTERATION
Casing: Dia + From To Gauge Stl Plstc Wld Thrd
Material From To Amt sacks/lbs
Seal: Bentonite Chips 0 18 8 Sacks

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

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

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 240.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, sacks/lbs. Includes data for Bentonite Chips and Calculated amounts.

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
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe [] Inside [x] Outside [] Other Location of shoe(s) 38
Temp casing [] Yes Dia From + ___ To ___

(7) PERFORATIONS/SCREENS
Perforations Method Saw 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)

Table for water quality concerns with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)
County JACKSON Twp 38.00 S N/S Range 3.00 W E/W WM
Sec 29 NW 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number ___ Lot ___
Lat ___ or 42.24360000 DMS or DD
Long ___ or -123.07921000 DMS or DD
Street address of well [x] Nearest address []
9800 HIGHWAY 238 JACKSONVILLE OR 97530

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 7/1/2009 [] 22
Completed Well 6/7/2021 [] 14
Flowing Artesian? [] Dry Hole? []

Table for WATER BEARING ZONES with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft).

(11) WELL LOG
Ground Elevation ___
Material From To
EXISTING BOREHOLE 0 160
GREY BASALT HARD 160 240

Date Started 6/3/2021 Completed 6/7/2021

(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 6/11/2021
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 6/24/2021
Signed KEVIN GILL (E-filed)
Contact Info (optional) Clouser Drilling Inc.

