

(1) LAND OWNER Owner Well I.D. _____
First Name KELLEY Last Name THOMAS
Company FERN VALLEY FARMS LLC
Address 4725 FERN VALLEY RD
City MEDFORD State OR Zip 97504

(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 200.00 ft.

BORE HOLE SEAL
Dia From To Material From To Amt sacks/lbs

10	0	19	Bentonite Chips	0	19	600	P
6	19	200			Calculated	600	
					Calculated		

How was seal placed: Method A B C D E
 Other POURED DRY
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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	1	19	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	0	200	.250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia 10 From + 1 To 3

(7) PERFORATIONS/SCREENS
Perforations Method SAW CUT
Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
		4	140	200	.188	5	90	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
36		200	1

Temperature 55 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 155 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County JACKSON Twp 38.00 S N/S Range 1.00 W E/W WM
Sec 11 SW 1/4 of the NW 1/4 Tax Lot 1000
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
4725 FERN VALLEY RD, MEDFORD, OR 97504

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration			
Completed Well	6/8/2021		18

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
6/8/2021	105	110	6		18
6/8/2021	165	170	30		18

(11) WELL LOG Ground Elevation 1800.00

Material	From	To
SHALE, BROWN	0	10
SHALE, BLUE	10	200

Date Started 6/2/2021 Completed 6/8/2021

(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. 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 1661 Date 7/27/2021
Signed BRAD MILKOWSKI (E-filed)
Contact Info (optional) GRIBBLE WELL DRILLING (541)855-1328