					Page 1 of 2	
STATE OF OREGON	JACK	64943	WELL I.D. LABEL# I	L 143451		
WATER SUPPLY WELL REPORT			START CARD #	1053311		
(as required by ORS 537.765 & OAR 690-205-0210)	8/9/2	2021	<b>ORIGINAL LOG #</b>			
(1) LAND OWNER Owner Well I.D.						
First Name ANTHONY Last Name OTT			ION OF WELL (legal d	lescription)		
Company TIFFANY RANGOLE				• ·		
Address 13933 E EVANS CRK RD.			<u>N Twp 35.00 S N</u>			
City ROGUE RIVER State OR Zin 97537		Sec <u>5</u>	<u>NE</u> 1/4 of the <u>NE</u>	1/4 Tax Lot <u>10</u>	/	
(2) TYPE OF WORK X New Well Deepening Conver	ersion	Tax Map Numb	er or 42.56261000	Lot		
Alteration (complete 2a & 10) Abandonment(con	nnlete 5a)	Lat°_	" or _42.56261000	)	DMS or DD	
(2a) PRE-ALTERATION	<u>inpiece suj</u>	Long°_	or123.077930	000	DMS or DD	
Dia + From To Gauge Stl Plstc Wld Thrd		💽 St	reet address of well ONe	arest address		
Casing:		13933 E EVAN	NS CRK RD., ROGUE RIVER,	, OR 97537		
Material From To Amt sacks/lbs						
Seal:						
(3) DRILL METHOD		(10) <b>STATE</b>	C WATER LEVEL Date		CIVIT (C)	
Rotary Air Rotary Mud Cable Auger Cable Mud		Existing W	Tell / Pre-Alteration	SWL(psi) +	SWL(ft)	
Reverse Rotary Other		Completed	Well 8/9/2021		45	
(4) <b>PROPOSED USE</b> X Domestic Irrigation Community		F	Flowing Artesian?	Drv Hole?	45	
Industrial/Commercial Livestock Dewatering			-		259.00	
			ING ZONES Depth wa			
Thermal Injection Other	-	SWL Date	From To Est	t Flow SWL(psi)	+ $SWL(ft)$	
(5) BORE HOLE CONSTRUCTION Special Standard (A	ttach copy)	8/9/2021	258 280	70	45	
Depth of Completed Well 320.00 ft.						
BORE HOLE SEAL	sacks/					
Dia From To Material From To An	nt lbs					
	.9 S					
6 35 320 Calculated 15.	.97	L				
Calculated		(11) WELL	LOG Crown d Elevatio			
	Е		Ground Elevatio	-		
	E	DROWN CLAS	Material Y & COBBLES	From 0	To	
Other DRY POURED   Backfill placed from ft. to ft. Material		BROWN CLA		28	28	
		GRAY SCHIST		30	102	
Filter pack from ft. to ft. MaterialSize			SCHIST HARD	102	166	
Explosives used: Yes Type Amount		GRAY SCHIST		166	265	
(5a) ABANDONMENT USING UNHYDRATED BENTONIT	Έ.	GRAY SCHIST	Γ BROKEN	265	270	
Proposed Amount Actual Amount		GRAY SCHIST	Г MEDIUM	270	320	
(6) CASING/LINER						
Casing Liner Dia + From To Gauge Stl Plstc W	Vld Thrd					
$\bullet$						
$\bigcirc$ $\bullet$ 4 $\bigcirc$ 320 SCH40 $\bigcirc$ $\bullet$						
Shoe Inside $\mathbf{X}$ Outside Other Location of shoe(s) 38.5	5					
Temp casing Yes Dia From + To						
(7) PERFORATIONS/SCREENS						
Perforations Method SAW CUT						
Screens Type Material	_	Date Started	8/6/2021 Com	pleted <u>8/9/2021</u>		
Perf/ Casing/ Screen Scrn/slot Slot # of	Tele/	Date Started	0/0/2021 COIII	picted <u>6/9/2021</u>		
	pipe size	(	ater Well Constructor Certifi			
Perf Liner 4 300 320 .188 4 60			he work I performed on the co			
			of this well is in complianc			
			andards. Materials used and in knowledge and belief.	formation reported	above are true to	
		-	-			
		License Numbe	er 2063 D	ate <u>8/9/2021</u>		
(8) WELL TESTS: Minimum testing time is 1 hour		Signed RYA				
Pump Bailer Air Flowing Art	tesian	Signed <u>RYA</u>	AN GILL (E-filed)			
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr	r)	(bonded) Wate	er Well Constructor Certificat	tion		
70 320 1		I accept respon	sibility for the construction, d	eepening, alteration	, or abandonment	
		work performed	d on this well during the constru	iction dates reported	l above. All work	
			ing this time is in compliance			
Temperature 55 °F Lab analysis Yes By		construction sta	indards. This report is true to the	e best of my knowle	edge and belief.	
Water quality concerns? Yes (describe below) TDS amount 146 ppm			License Number 1835 Date 8/9/2021			
From To Description Amount	Units					
			IN GILL (E-filed)			
	——	Contact Info (og	ptional) CLOUSER DRILLING	J INC.		

ORIGINAL - WATER RESOURCES DEPARTMENT 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 64943** 

8/9/2021

Map of Hole

## STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

## LOCATION OF WELL

Latitude: 42.56261000 Datum: WGS84 Longitude: -123.07793000 Township/Range/Section/Quarter-Quarter Section: WM35.00S3.00W5NENE Address of Well: 13933 E EVANS CRK RD., ROGUE RIVER, OR 97537

## Oregon Water Resources Department 725 Summer St NE, Salem OR 97301

NE, Salem OR 97301 (503)986-0900



## Printed: August 9, 2021

Well Label: 143451

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

