

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

JACK 64962

8/23/2021

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

Table with well identification details: 121217, 1053254, JACKSON, 62556

(1) LAND OWNER
Owner Well I.D.
First Name DOUG Last Name NEUMAN
Company BDN LLC
Address 953 EMIGRANT CRK RD
City ASHLAND State OR Zip 97520

(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 Thrld
Material From To Amt sacks/lbs
Seal: Bentonite Chips 0 18 10 Sacks

(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 360.00 ft.

Table for BORE HOLE construction with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E [ ]
[ x ] Other NOT DISTURBED

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 Lazer/Saw Cut
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Table for PERFORATIONS/SCREENS with columns: Perf, Casing/ Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour

Table for WELL TESTS with columns: Pump [ ], Bailer [ ], Air [x], Flowing Artesian [ ]
Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

Temperature 56 °F Lab analysis [ ] Yes By \_\_\_\_\_
Water quality concerns? [ ] Yes (describe below) TDS amount 294 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County JACKSON Twp 38.00 S N/S Range 1.00 E E/W WM
Sec 31 NW 1/4 of the SE 1/4 Tax Lot 1400

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

[x] Street address of well [ ] Nearest address

2073 HWY 99 ASHLAND OR 97520

(10) STATIC WATER LEVEL

Table for STATIC WATER LEVEL with columns: Existing Well / Pre-Alteration, Date, SWL(psi), +, SWL(ft)

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 329.00

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

(11) WELL LOG

Ground Elevation \_\_\_\_\_

Table for WELL LOG with columns: Material, From, To

Date Started 8/3/2021 Completed 8/3/2021

(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 1945 Date 8/16/2021

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. 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 1835 Date 8/23/2021

Signed KEVIN GILL (E-filed)

Contact Info (optional) Clouser Drilling Inc.