

STATE OF OREGON
WATER SUPPLY WELL REPORT

JACK 65211

WELL I.D. LABEL# L 98066
START CARD # 1054346
ORIGINAL LOG # JACKSON 64886

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

2/8/2022

(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 Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrld
Casing: 6 2 38 .250
Material From To Amt sacks/lbs
Seal: Bentonite Chips 0 38 21 Sacks

(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 240.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs
10 0 38 Bentonite Chips 0 38 21 S
6 38 240 Calculated 17.34
Calculated

How was seal placed: Method A B C D E
 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
 6 2 38 .250
 4 2 240 Sch40
Shoe Inside Outside Other Location of shoe(s) _____
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
Perf Liner 4 220 240 .188 4 60 _____

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
18 _____ 238 3
Temperature 56 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 256 ppm
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 _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
9800 HIGHWAY 238 JACKSONVILLE OR 97530

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 9/23/2021 _____ 14
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 107.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
9/23/2021 107 211 18 _____ 14

(11) WELL LOG
Ground Elevation _____
Material From To
TOP OFF SEAL W/ BENTONITE 0 240
PUMP PULLED 0 240
PULLED 20' SECTION OF LINER 0 240
REMOVED BAD CASING SECTION 0 240
WELDED NEW CASING 0 240
INSTALLED NEW 20' SECTION OF LINER 0 240
PUMP REINSTALLED 0 240

Date Started 9/23/2021 Completed 9/23/2021
(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 1835 Date 2/8/2022
Signed KEVIN GILL (E-filed)
Contact Info (optional) Clouser Drilling Inc.