

Amended 3/27/2023
STATE OF OREGON
WATER SUPPLY WELL REPORT

JACK 65702

WELL I.D. LABEL# L

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150381

START CARD #

1060378

ORIGINAL LOG #

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

3/24/2023

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company SUNSHINE VILLAGE WATER ASSOCIATION

Address PO BOX 701

City JACKSONVILLE State OR Zip 97530

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ 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: _____

(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 260.00 ft.

BORE HOLE

Dia	From	To	Material	SEAL	From	To	Amt	sacks/lbs
10	0	97	Bentonite Chips	0	97	49	S	
6	97	260		Calculated		44.27		
				Calculated				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	2	98	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	3	260	SCH40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 98

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method SAW

Screens Type _____ Material _____

Perf/	Casing/	Screen	Perf/	Casing/	Screen	Perf/	Casing/	Screen	Perf/	Casing/	Screen
Screen	Liner	Dia	From	To	Scrn/slot	Slot	# of	Tele/	Screen	Liner	Dia
Perf	Liner	4	220	260	width	length	slots	pipe size	Perf	Liner	4
					.188	4	120				

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
60		260	1

Temperature 54 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 302 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 27 SE 1/4 of the SW 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat _____ " or 42.22930000 DMS or DD

Long _____ " or -123.04502000 DMS or DD

☐ Street address of well ☒ Nearest address

90 TUMBLEWEED TRAIL JACKSONVILLE, OR 97530

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration			
Completed Well	3/20/2023		61.8

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 232.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

3/20/2023	232	236	60		61.8

(11) WELL LOG

Ground Elevation 1568.00

Material	From	To
BROWN CLAY & COBBLES	0	10
BRN CLAY & BROKEN CLAYSTONE	10	22
BROWN CLAY & COBBLES	22	47
BROKEN GREY CLAYSTONE	47	65
BRKN GREY CLAYSTONE & BRKN BASALT	65	83
DK GREY BASALT HARD	83	189
GREY BASALT CALCITE HARD	189	191
DK GREY BASALT HARD	191	232
GREY BASALT CALCITE HARD	232	236
DK GREY BASALT HARD	236	260

Date Started 3/17/2023

Completed 3/20/2023

(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 2063

Date 3/24/2023

Signed RYAN GILL (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 3/24/2023

Signed KEVIN GILL (E-filed)

Contact Info (optional) CLOUSER DRILLING INC.

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

New exempt use wells must be submitted with a map and recording fee.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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3/24/2023

Map of Hole

