			WELLID LADEL#1		Page 1 of 3					
STATE OF OREGON	JACK	66170	WELL I.D. LABEL# L START CARD #							
WATER SUPPLY WELL REPORT (as required by ORS 537.545 & 537.765 and OAR 690-205-0210)	4/12/2	2024	ORIGINAL LOG #	1073226 JACKSON 6205	51					
(1) LAND OWNER Owner Well I.D. First Name Last Name				K						
First Name Last Name		(9) LOCA	FION OF WELL (legal d	escription)						
Company BGE PROPERTIES LLC Address 19 N BARNEBURG RD			<u>Twp_37.00_S_N</u> /							
		Sec <u>33</u>	SE 1/4 of the SW	1/4 Tax Lot <u>140</u>	00					
	version	Tax Map Num	ber' or 42.30479500 ' or -122.948444	Lot						
Alteration (complete 2a & 10) Abandonment(co	omplete 5a)	Lat°	or <u>42.30479500</u>	1	DMS or DD					
(2a) PRE-ALTERATION	<u>`</u>	Long	treet address of well O Nea	00	_ DMS or DD					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			STAGE RD, MEDFORD, OR 9							
Material From To Amt sacks/lbs		4010 300 111	STACE KD, MEDFORD, OK 9	7501						
Seal: Bentonite Chips 0 38 23 Sacks										
(3) DRILL METHOD		(10) STATI	IC WATER LEVEL							
Rotary Air Rotary Mud Cable Auger Cable Mud			Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration 4/2/2024 6 6							
Reverse Rotary Other		Completed			6					
(4) PROPOSED USE X Domestic Irrigation Community	,		Flowing Artesian?	Dry Hole?						
Industrial/ Commericial Livestock Dewatering		WATER BEAR	RING ZONES Depth wa	ter was first found	101.00					
Thermal Injection Other	_	SWL Date	-	Flow SWL(psi)						
(5) BORE HOLE CONSTRUCTION Special Standard (4	Attach conv)	4/2/2024		-						
Depth of Completed Well <u>240.00</u> ft.	Attach copy)	4/2/2024	101 118	27	6					
BORE HOLE SEAL	sacks/									
	Amt lbs									
10 0 38 Bentonite Chips 0 38 6 38 240 Calculated 1	23 S									
Calculated		(11) WELL	LOG Ground Elevation	n <u>1647.15 FT</u>						
Seal placement method A B C D E Other: NOT DISTUR	RBED		Material	From	То					
Backfill placed from ft. to ft. Material		Dark brown cl		0	4					
Filter pack from ft. to ft. Material Size		Brown clay tig	ght e gravel & fine sand	4 77	77 123					
Explosives used: Type Amount Seal Placement Begin Date Begin Time		Grey/green sat		123	206					
		Light grey san	dstone. Well silted to	206	240					
(5a) ABANDONMENT USING UNHYDRATED BENTONI	TE		firmed by camera, Well did	206	240					
Proposed Amount Actual Amount			- someone had removed er after camera	206	240 240					
(6) CASING/LINER		inspecting wel		206	240					
Casing Liner Dia + From To Gauge Stl Plstc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc										
$\bigcirc \bigcirc $	A H I									
	\dashv \dashv \lvert									
Shoe Inside Outside Other Location of shoe(s) $\underline{12}$.2									
Temp casing Yes Dia From + To To										
(7) PERFORATIONS/SCREENS										
Perforations Method Air/Lazer/Saw Cut Screens Type Material		Construction	Dasin Tima	End Dat	e 4/2/2024					
Perf/ Casing/ Screen Scrn/slot Slot # of	Tele/	Begin Date 4/			4/2/2024					
Screen Liner Dia From To width length slots		· · · · · ·	Vater Well Constructor Certifie							
Perf Casing 6 100 120 .188 1 480 Perf Liner 4 104 144 .032 1 6226			the work I performed on the co of this well is in compliance							
Perf Liner 4 104 144 .032 1 0220 Perf Liner 4 204 230 .188 4 78)		tandards. Materials used and inf							
		the best of my	knowledge and belief.							
		License Numb	Der 2063 Da	ate <u>4/12/2024</u>						
(8) WELL TESTS: Minimum testing time is 1 hour		Signed RY								
Pump Bailer O Air Flowing A		<u>KY</u>	AN GILL (E-filed)							
Yield gal/min Drawdown Drill stem/Pump depth Duration (h	hr)	· /	er Well Constructor Certificati							
27 240 1			nsibility for the construction, de							
			ed on this well during the constru- ring this time is in compliance							
Temperature 53 °F Lab analysis Yes By		construction st	andards. This report is true to the	e best of my knowle	dge and belief.					
	ppm	License Numb	-	ate 4/12/2024						
Water quality concerns? Yes (describe below) TDS amount <u>86</u> From To Description Amount	Units	~		T/ 12/ 2027	<u> </u>					
	<u>├</u> ──┤ ┃		VIN GILL (E-filed)							
		Contact Info (o	optional) Clouser Drilling Inc.							
	<u> </u>									

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 -

continuation page

JACK 66170

WELL I.D. LABEL# L 115349 START CARD # 1073226

	4/12/2024	OR			.301 020)51
a) PRE-ALTERATION		uality Concern			۸	t Unit-
Dia + From To Gauge Stl Plstc Wld Thrd	From	То	Descripti	ion	Amour	nt Units
4 0 240 Sch40						
Material From To Amt sacks/lbs						
	(10) STA	TIC WATER	DIEVEI			
	SWL Dat			Est Flow	SWL(psi)	+ SWI
5) BORE HOLE CONSTRUCTION			10	Lat I low	5 (r E(psi)	
BORE HOLE SEAL	acks/					
Dia From To Material From To Amt	lbs					
Calculated						
Calculated						
Calculated						
Calculated	(11) WEI	LL LOG				
FILTER PACK		Material			From	То
From To Material Size						
						_
) CASING/LINER						_
Casing Liner Dia + From To Gauge Stl Plstc Wld T	`hrd					
						_
						_
						_
) PERFORATIONS/SCREENS						
	Tele/					
Screen Liner Dia From To width length slots p	ipe size					
	-	rson(s) who assis	ted with constr			
		Assistant Name		Тур	e	. #
	-	Assistant Name			e	
		Assistant Name		Тур	e	. #
		Assistant Name		Тур	e	. #
8) WELL TESTS: Minimum testing time is 1 hour		Assistant Name DNES		Тур	e	. #
	JASON JC	Assistant Name DNES hts/Remarks	HELP	Typ ER WATE	e IR	# 888891
(8) WELL TESTS: Minimum testing time is 1 hour Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) Commen	Assistant Name DNES nts/Remarks I to 230'. Confirm	HELP	Typ ER WATE	e IR ot have liner	# 888891
) Commen	Assistant Name DNES hts/Remarks	HELP	Typ ER WATE	e IR ot have liner	# 888891
) Commen	Assistant Name DNES nts/Remarks I to 230'. Confirm	HELP	Typ ER WATE	e IR ot have liner	# 888891

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow **JACK 66170**

4/12/2024

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

LOCATION OF WELL

Latitude: 42.30479500 Datum: WGS84 Longitude: -122.94844400 Township/Range/Section/Quarter-Quarter Section: WM37.00S2.00W33SESW Address of Well: 4610 SOUTH STAGE RD, MEDFORD, OR 97501

Oregon Water Resources Department 725 Summer St NE, Salem OR 97301 (503)986-0900



Well Label: 115349 Printed: April 12, 2024

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

