

STATE OF OREGON WATER SUPPLY WELL REPORT

JACK 66190

WELL I.D. LABEL# L

125241

START CARD #

1073778

ORIGINAL LOG #

JACKSON 62965

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

5/20/2024

(1) LAND OWNER

Owner Well I.D. _____

First Name THOULFEKAR Last Name AIRAHM

Company _____

Address 7117 GRIFFIN LANE

City MEDFORD State OR Zip 97501

(2) TYPE OF WORK

New Well Deepening Conversion Alteration (complete 2a & 10) Abandonment(complete 5a)

(2a) PRE-ALTERATION

Table with columns: Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes rows for Casing and 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 340.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Includes rows for Bore Hole and Seal.

Seal placement 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: Type _____ Amount _____

Seal Placement Begin Date _____ Begin Time _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes rows for Casing and Liner.

Shoe Inside Outside Other Location of shoe(s) 98

Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Holte Air

Screens Type _____ Material _____

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

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

Pump Bailer Air Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes row for test results.

Temperature 55 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 215 ppm

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County JACKSON Twp 38.00 S N/S Range 2.00 W E/W WM

Sec 27 SW 1/4 of the NE 1/4 Tax Lot 211

Tax Map Number _____ Lot _____

Lat _____ " or 42.23903000 DMS or DD

Long _____ " or -122.92149000 DMS or DD

Street address of well Nearest address

7117 GRIFFIN LANE MEDFORD OR 97501

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Includes rows for Existing Well / Pre-Alteration and Completed Well.

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 50.00

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Includes rows for water bearing zones.

(11) WELL LOG

Ground Elevation 3085.00 FT

Table with columns: Material, From, To. Includes rows for well log entries.

Construction

Begin Date 5/17/2024 Begin Time 13:00 End Date 5/17/2024

(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 2009 Date 5/17/2024

Signed JASON KLIPFEL (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 5/20/2024

Signed KEVIN GILL (E-filed)

Contact Info (optional) Clouser Drilling Inc.

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

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5/20/2024

Map of Hole

