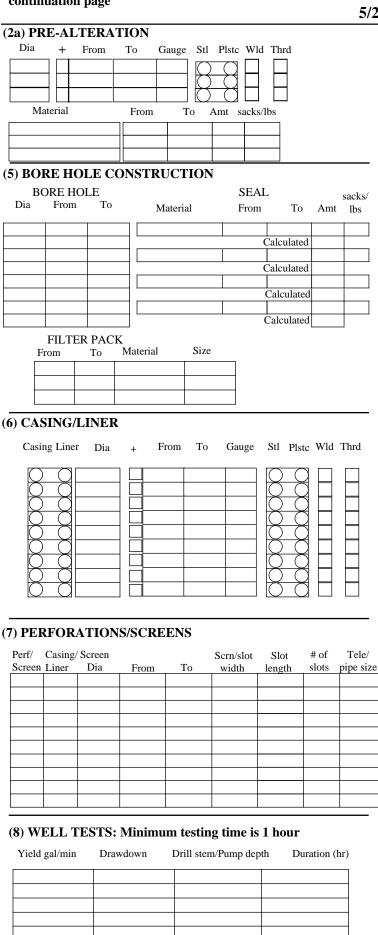
				-		Page 1 of 3
STATE OF OREGON	JACK	66200	WELL I.D. LABEL# 1	154226		
WATER SUPPLY WELL REPORT			START CARD #	1073666		
(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)	5/29/2	2024	ORIGINAL LOG #			
(1) LAND OWNER Owner Well I.D. WELL #5					!	
First Name THOULFEKAR Last Name AIRAHEM	•		TION OF WELL (logal d	locomintion		
Company			TION OF WELL (legal of	-		
Address 7117 GRIFFIN LANE			<u>ON</u> Twp <u>38.00</u> S N			_ E/W WM
<u>City</u> <u>MEDFORD</u> State <u>OR</u> Zip <u>97501</u>		Sec <u>27</u>	SW 1/4 of the NE	1/4 Tax L	ot 211	
	version	Tax Map Numb	per or <u>42.2378660</u>	Lot		
Alteration (complete 2a & 10) Abandonment(co	omplete 5a)	Lat°	" or <u>42.2378660</u>	0	D	MS or DD
(2a) PRE-ALTERATION	<u>mpiece suj</u>	Long°	" or	200	D	OMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd			\sim	earest address		
		7117 GRIFFIN	N LN, MEDFORD OR 97501			
Material From To Amt sacks/lbs						
Seal:						
(3) DRILL METHOD		(10) STATI	C WATER LEVEL	e SWL(psi) + SV	WL(ft)
Rotary Air Rotary Mud Cable Auger Cable Mud		Existing W	Vell / Pre-Alteration			
Reverse Rotary Other		Completed			1	38
(4) PROPOSED USE Domestic X Irrigation Community	,		Flowing Artesian?	Dry Hole	?	
Industrial/ Commercial Livestock Dewatering		WATER BEAR		ater was first f	found 58.00)
Thermal Injection Other		SWL Date	1			
		SWL Date	From To Est	t Flow SWL(ps1) + S	WL(ft)
	Attach copy)	5/17/2024	58 78	9		38
Depth of Completed Well 300.00 ft.		5/17/2024	123 125	3.5		38
BORE HOLE SEAL	sacks/					
Dia From To Material From To A						
10 0 50 Bentonite Chips 0 50 6 50 300 Calculated 22	23 S					
Calculated		(11) WELL	LOG Ground Elevatio	on 3042.85 F	т	
Seal placement method A B C D E Other: DRY POURE	ED		Material	Fron		То
Backfill placed from ft. to ft. Material		Brown clay		(0	39
Filter pack from ft. to ft. Material Size		Grey green Ap	plegate group medium	3	39	57
Explosives used: Type Amount			plegate group broken		57	78
	00		plegate group medium hard		78	123
(5a) ABANDONMENT USING UNHYDRATED BENTONI			plegate group broken plegate group medium hard		23 25	125 300
Proposed Amount Actual Amount	112	Giey green Ap	pregate group medium nard		2.5	300
1						
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc	Wld Thrd					
	\mathbf{X}					
	\exists					
Shoe Inside Outside Other Location of shoe(s) 98	3					
Temp casing Yes Dia From + To						
(7) PERFORATIONS/SCREENS						
Perforations Method Factory Slotted		Construction				
Screens Type Material		Begin Date 5/	17/2024 Begin Time 08	30 E	and Date 5/1	17/2024
Perf/ Casing/ Screen Scrn/slot Slot # of	Tele/	(unbonded) W	Vater Well Constructor Certif	ication		
Screen LinerDiaFromTowidthlengthslotsPerfCasing65878.0633480			the work I performed on the co		eenening a	lteration or
1 Cli Cashig 0 58 78 .005 5 400			of this well is in compliance			
			andards. Materials used and in			
		the best of my	knowledge and belief.			
		License Numb	er 1945 D	ate 5/20/202	24	
(8) WELL TESTS: Minimum testing time is 1 hour						
Pump Bailer Air Flowing A	rtesian	Signed JUS	TIN SPLIETHOF (E-filed)			
		(bonded) Wat	er Well Constructor Certificat	tion		
Yield gal/min Drawdown Drill stem/Pump depth Duration (h 12.5 298 1	<u>)</u>	. ,			mation on (ahandanman
		work performe	nsibility for the construction, d d on this well during the constru	ction dates re	ported abo	ve All work
			ing this time is in compliance			
Temperature 56 °F Lab analysis Yes By			andards. This report is true to the			
	ppm	License Numb	-	ate 5/29/2024	-	
Water quality concerns? Yes (describe below) TDS amount 166 From To Description Amount	Units		er <u>1835</u> D	<u> </u>		
		Signed KEV	/IN GILL (E-filed)			
	<u> </u>	Contact Info (c	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 -

continuation page



START CARD # 1073666 5/29/2024 **ORIGINAL LOG #** Water Quality Concerns Amount Units From То Description

WELL I.D. LABEL# L 154226

(10) STATIC WATER LEVEL

SWL Date	From	То	Est Flow	SWL(psi)	+ SWL(ft)
		I	I		

(11) WELL LOG

JACK 66200

Material		From		То	
				_	
Name of person(s) who assisted w	ith c	construction and	Trainee Lic	ense # / Helper	
Assistant Name		Туре		#	
NICK PORTER	H	HELPER WATER 888885			

Comments/Remarks

Permit: G 18271

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow **JACK 66200**

5/29/2024

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

LOCATION OF WELL

Latitude: 42.23786600 Datum: WGS84 Longitude: -122.92266200 Township/Range/Section/Quarter-Quarter Section: WM38.00S2.00W27SWNE Address of Well: 7117 GRIFFIN LN, MEDFORD OR 97501

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



Well Label: 154226

Printed: May 24, 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

