

STATE OF OREGON
WATER SUPPLY WELL REPORT

JACK 66257

WELL I.D. LABEL# L

144611

START CARD #

1072515

ORIGINAL LOG #

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

7/3/2024

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company LA MOTA

Address 20096 HWY 62

City SHADY COVE State OR Zip 97529

(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 800.00 ft.

BORE HOLE				SEAL			sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	42	Bentonite Chips	0	42	34	S
6	42	800			Calculated	19.17	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POURED DRY

Backfill placed from _____ ft. to _____ ft. Material BENTONITE

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 4/2/2024 Begin Time 09 00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

C/L	Dia	+ From To Gauge	Mat. Type	Wld	Thrd	Shoe Location
C	6	☒ 1 44 .250	ST	☒		OUT. 44
L	4	0 800 .160	PL	☒		

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 3**(7) PERFORATIONS/SCREENS**

Perforations Method Saw cut

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
		4	340	780	.188	4	680	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	20		800	2

Temperature 55 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 240 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County JACKSON Twp 34.00 S N/S Range 1.00 W E/W WM

Sec 22 NW 1/4 of the SW 1/4 Tax Lot 1301

Tax Map Number _____ Lot _____

Lat _____ " or 42.59749027 DMS or DD

Long _____ " or -122.81465190 DMS or DD

☒ Street address of well ☐ Nearest address

20096 HWY 62, SHADY COVE, OR 97529

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	6/11/2024			145
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 240.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
6/11/2024	240	280	6			145
6/11/2024	520	540	14			145

(11) WELL LOG

Ground Elevation _____

Material	From	To
CLAY, SOFT, BLUE	0	32
CLAYSTONE, SOFT, BLUE	32	240
CLAYSTONE, MED, GRAY	240	285
CLAYSTONE, SOFT, BLUE,	285	520
CLAYSTONE, MED, GRAY, RED	520	800

Construction

Begin Date 4/1/2024 Begin Time 09 00 End Date 6/11/2024

(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 _____ 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 1661 Date 7/3/2024

Signed BRAD MILKOWSKI (E-filed)

Drilling Company: GRIBBLE WELL DRILLING (541)855-1328

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

JACK 66257

7/3/2024

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 42.59749027 Datum: WGS84

Longitude: -122.81465190

Township/Range/Section/Quarter-Quarter Section:
WM34.00S1.00W22NWSW

Address of Well:

20096 HWY 62, SHADY COVE, OR 97529

Well Label: 144611

Printed: July 3, 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

