

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

9/10/2024

(1) LAND OWNER
Owner Well I.D. _____
First Name JACK Last Name ROZEWICZ
Company _____
Address 3350 BEAGLE RD
City WHITE CITY State OR Zip 97503

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

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: _____
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 300.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	25	Bentonite Chips	0	25	16	S
6	25	300			Calculated	11.74	
					Calculated		

Seal placement method A B C D E Other: BENTONITE POURED DI
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Type _____ Amount _____
Seal Placement Begin Date 8/28/2024 Begin Time 17:00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location
C	6	X	1	34	0.250	ST	X		OUT.	34
L	4		0	300	Sch40	PL		X		

Temp casing Yes Dia 10 From+ 0 To 3

(7) PERFORATIONS/SCREENS
Perforations Method pre cut
Screens Type _____ Material _____
Perf/ Casing/ Screen Dia From To Scrn/slot width length # of slots Tele/ Pipe size
Perf Liner 4 200 280 .332 4 980

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Bailer	45	40		70

Temperature 54 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 430 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County JACKSON Twp 35.00 S N/S Range 1.00 W E/W WM
Sec 18 SW 1/4 of the NW 1/4 Tax Lot 304

Tax Map Number _____ Lot _____
Lat _____ " or 42.52931167 DMS or DD
Long _____ " or -122.87224167 DMS or DD
 Street address of well Nearest address

3350 BEAGLE RD WHITE CITY OREGON 97503

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	9/9/2024			24

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
8/29/2024	77	80	3			24
9/2/2024	200	205	12			24
9/12/2024	284	290	30			24

(11) WELL LOG Ground Elevation _____

Material	From	To
soil {brown}	0	3
flagstone {yellow}	3	15
claystone {green}	15	20
claystone {blue}	20	300

Construction Begin Date 8/25/2024 Begin Time 08:00 End Date 9/9/2024

(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 1705 Date 9/10/2024
Signed E SCOTT COFFMAN (E-filed)
Drilling Company: Rogue Valley Well Drilling