

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # L 69860

START CARD # 171611

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number _____
 Name Jantzer Enterprise
 Address P.O. Box 891
 City Grant Pass State OR Zip 97526

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 200 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10"	0	40'	Bentonite	0	40'	14 cacks
6"	40'	200'				

How was seal placed: Method A B C D E
 Other poured Bentonite
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	12	58'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	200'	.250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 58'

(7) PERFORATIONS/SCREENS

Perforations Method DUW
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
190'	200'	1/2"	12	6"	4"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10		199'	1hr

Temperature of water 50° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County 90
 Tax Lot 303 Lot _____
 Township 35 N or S Range 7 E or W WM
 Section 35 NW 1/4 NE 1/4
 Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) Equipment Well
698 97527

(10) STATIC WATER LEVEL
40 ft. below land surface. Date 3/8/05
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 180'

From	To	Estimated Flow Rate	SWL
180'	200'	10	40'

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
BRN clay	0	20'	45'
BRN clay fractured rock	20	30'	
gray sandst. not hard	30	60'	
hard gray sandst w/ f.	60"	200'	45'

RECEIVED

MAR 28 2005

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 3/9/05 Completed 3/9/05

(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.
 WWC 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.
 WWC Number 1298 Date 3/10/05
 Signed Charles B. Pelkey