**JOSE 57326**
**10-23-2006**

**STATE OF OREGON**
**WATER SUPPLY WELL REPORT**
**(as required by ORS 537.765 & OAR 690-205-0210)**

**WELL LABEL # L** 86413

**START CARD #** 187895

## (1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____
Company Life of Learning Foundation
Address PO Box 10
City Merlin State OR Zip 97535

## (2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

## (3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other _____

## (4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other _____

## (5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 140.00 ft.

| BORE HOLE Dia | From | To | SEAL Material | From | To | Amt | sacks/ lbs |
|---|---|---|---|---|---|---|---|
| 10 | 0 | 40 | Bentonite | 0 | 40 | 14 | S |
| 6 | 40 | 140 | | | | | |
| | | | | | | | |
| | | | | | | | |

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other poured
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: [ ] Yes Type _____ Amount _____

## (6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|---|---|---|---|---|---|---|---|---|---|---|
| (●) | ( ) | 6 | [X] | 2 | 58 | .250 | (●) | ( ) | [X] | [ ] |
| ( ) | ( ) | | [ ] | | | | ( ) | ( ) | [ ] | [ ] |
| ( ) | ( ) | | [ ] | | | | ( ) | ( ) | [ ] | [ ] |
| ( ) | ( ) | | [ ] | | | | ( ) | ( ) | [ ] | [ ] |
| ( ) | ( ) | | [ ] | | | | ( ) | ( ) | [ ] | [ ] |

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 58
Temp casing [ ] Yes Dia _____ From _____ To _____

## (7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

| Perf/ Screen | Casing/ Liner | Screen 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

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---|---|---|---|
| 20 | | 139 | 1 |
| | | | |
| | | | |

Temperature 51 °F Lab analysis [ ] Yes By _____
Water quality concerns? [ ] Yes (describe below)

| From | To | Description | Amount | Units |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## (9) LOCATION OF WELL (legal description)

County Josephine Twp 35.00 S N/S Range 6.00 W E/W WM
Sec 20 SE 1/4 of the NE 1/4 Tax Lot 3700
Tax Map Number _____ Lot _____
Lat ___° ___' ___" or _____ DMS or DD
Long ___° ___' ___" or _____ DMS or DD
(●) Street address of well ( ) Nearest address

459 Galice Road, Merlin OR 97532

## (10) STATIC WATER LEVEL

| | Date | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|
| Existing Well / Predeepening | | | [ ] | |
| Completed Well | 10-04-2006 | | [ ] | 20 |

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found _____

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|---|---|
| 10-04-2006 | 120 | 140 | 20 | | [ ] | 20 |
| | | | | | [ ] | |
| | | | | | [ ] | |
| | | | | | [ ] | |
| | | | | | [ ] | |

## (11) WELL LOG

Ground Elevation _____

| Material | From | To |
|---|---|---|
| Granite Brown Soft | 0 | 20 |
| Granite and Brown Clay | 20 | 30 |
| Granite Gray Medium Hard | 30 | 60 |
| Granite Black and White Fractured | 60 | 140 |

Date Started 10-04-2006 Completed 10-04-2006

**(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 _____
Electronically Filed
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 1298 Date 10-23-2006
Electronically Filed
Signed CHARLES B PELKEY (E-filed)
Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK