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

07-29-2009

WELL LABEL # L	100421
START CARD#	1007636

(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)	
First Name WADE Last Name COMYFORD	County Josephine Twp 35.00 S N/S Range 6.00 W E/W WM	
Company ACE EARTHMOVING	Sec <u>21</u> <u>NW</u> 1/4 of the <u>NW</u> 1/4 Tax Lot <u>5000</u>	
Address 1100 N. SCHOOLHOUSE RD. City GRANTS PASS State OR Zip 97526	Tax Map Number Lot Lot DMS or DD	
- 5,020		
(2) TYPE OF WORK New Well Deepening Conversion Alteration (repair/recondition) Abandonment	Cong Or DMS or DD Street address of well Nearest address	
(3) DRILL METHOD	PEACH ST. MERLIN OR	
Rotary Air Rotary Mud Cable Auger Cable Mud Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)	
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening	
Industrial/ Commercial Livestock Dewatering	Completed Well 07-28-2009 20	
Thermal Injection Other	Flowing Artesian? Dry Hole? Dry Hole?	
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)	WATER BEARING ZONES Depth water was first found 60 SWL Date From To Est Flow SWL(psi) + SWL(ft)	
Depth of Completed Well 120.00 ft.	SWL Date From To Est Flow SWL(psi) + SWL(ft)	
BORE HOLE SEAL sacks/	07-28-2009 60 120 40 20	
Dia From To Material From To Amt lbs		
10 0 30 Bentonite 0 30 12 S		
60 30 120 Benfolitie U 30 12 3	(11) WELL LOG Ground Flavation	
Glound Elevation		
How was seal placed: Method A B C D E	Material From To	
Other POURED BENTONITE Backfill placed from ft. to ft. Material	GRANITE & BOULDERS 0 12	
Filter pack from ft. to ft. Material Size	GRANITE & YELLOW CLAY 12 25	
Explosives used: Yes Type Amount	GRANITE BROWN SOFT 25 70 GRANITE BROWN MED HARD 70 80	
(6) CASING/LINER	GRANITE BROWN MED HARD 70 80	
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	UV Lav	
Shoe Inside Outside Other Location of shoe(s) 78		
Temp casing Yes Dia From To		
(7) PERFORATIONS/SCREENS		
Perforations Method		
Screens Type Material		
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size	Date Started <u>07-28-2009</u> Completed <u>07-28-2009</u>	
	(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.	
(8) WELL TESTS: Minimum testing time is 1 hour License Number		
Pump Bailer Air Flowing Artesian	Signed	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	(bonded) Water Well Constructor Certification	
40 119 1	I accept responsibility for the construction, deepening, alteration, or abandonment	
	work performed on this well during the construction dates reported above. All work	
Temperature 52 °F Lab analysis Yes By	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.	
Water quality concerns? Yes (describe below) From To Description Amount Units	License Number 1648 Date 07-29-2009	
Description Since	Electronically Filed	
	Signed BARRY PELKEY (E-filed)	
	Contact Info (optional)	