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

WELL LABEL # L [39165
START CARD#	195705

ALL VIDEOUS CONTRACTOR OF THE	
(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)
First Name Sidney Last Name Pickell	County JOSEPHINE Twp 36 S N/S Range 5 W E/W WM
Company	Sec 29 SE 1/4 of the NW 1/4 Tax Lot 900
Address 250 Skycrest Drive City Grants Pass State OR Zip 97527	Tax Map Number Lot Lat ° 0 ' " or DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	
Alteration (repair/recondition) Abandonment	
(3) DRILL METHOD	250 Skycrest Drivw
Rotary Air Rotary Mud Cable Auger Cable Mud	(40) OTT A TIME IN A TIME IN THE INTERNAL TH
Reverse Rotary X Other hydrofracture	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
(4) PROPOSED USE Domestic Irrigation X Community	Existing Well / Predeepening 11-14-2007 40
Industrial/ Commercial Livestock Dewatering	Completed Well 11-15-2007 40
Thermal Injection Other	Flowing Artesian? Dry Hole?
	WATER BEARING ZONES Depth water was first found 60
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy) Depth of Completed Well 300 ft.	SWL Date From To Est Flow SWL(psi) + SWL(ft)
BORE HOLE SEAL sacks/	11-13-2507 00 300 17
Dia From To Material From To Amt lbs	
	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	Glound Elevation
Other	Material From To [packer set max pressure 550 psi 60 140]
Backfill placed from ft. to ft. Material	packer set max pressure 700 psi 140 220
Filter pack from ft. to ft. Material Size	packer set max pressure 700 psi 220 300
Explosives used: Yes Type Amount	
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	
(
	DECEMEN
	NEGEIVED
Shoe Inside Outside Other Location of shoe(s)	JAN 2 8 2010
Temp casing Yes Dia From To	WATER DESCRIPTION
(7) PERFORATIONS/SCREENS	WATER RESOURCES DEPT
Perforations Method skilsaw	SALEM, OREGON
Screens Type Material	
Perf/S Casing/ Screen Scm/slot Slot # of Tele/	Date Started 11-14-2007 Completed 11-15-2007
creen Liner Dia From To width length slots pipe size Perf Liner 4 260 300 .25 6 120	
Fell Line 4 200 300 .25 0 120	(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 1478 Date 01-21-2010
Pump Bailer Air Flowing Artesian	Password : (if filing electronically) Signed
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	
17 260 260 4	(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
Temperature 54 °F Lab analysis Yes By	performed during this time is in compliance with Oregon water supply well
Water quality concerns? Yes (describe below)	construction standards. This report is true to the best of my knowledge and belief.
From To Description Amount Units	License Number 1478 Date 01-21-2010
	Password : (if filing electronically)
	Signed
	Contact Info (optional)