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

02-03-2012	

WELL LABEL # L	88030
START CARD #	1015496

(1) LAND OWNER Owner Well I.D.	(0) I OCATION OF WELL (level description)
	(9) LOCATION OF WELL (legal description)
TIANE IN	County Josephine Twp 35.00 S N/S Range 7.00 W E/W WM
CompanyAddress 966 SW 6TH STREET	Sec 14 NW 1/4 of the SE 1/4 Tax Lot 900
	Tax Map Number Lot DMS or DD
- 71020	
(2) TYPE OF WORK New Well Deepening Conversion	Long Of Division DD
Alteration (repair/recondition) Abandonment	Street address of well Nearest address
(3) DRILL METHOD	2321 GREEN TREE LOOP GRANTS PASS, OR 97526
Rotary Air Rotary Mud Cable Auger Cable Mud	
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
	Date SWL(psi) + SWL(ft) Existing Well / Predeepening
(4) PROPOSED USE Domestic Irrigation Community	Completed Well 12-06-2011 56
Industrial/ Commericial Livestock Dewatering	Flowing Artesian? Dry Hole?
Thermal Injection Other	WATER BEARING ZONES Depth water was first found 91
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy	
Depth of Completed Well 300.00 ft.	SWL Date From To Est Flow SWL(psi) + SWL(ft)
BORE HOLE SEAL sacks/	12-00-2011 91 120 3
Dia From To Material From To Amt lbs	
10 0 18	
6 18 300	(11) WELL LOG Ground Flavation
	Oround Elevation
How was seal placed: Method A B C D E	Material From To
Other Not Disturbed	Cleaned and developed Well- Place Liner & Screen 0 300
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	
\bigcirc	
Shoe Inside Outside Other Location of shoe(s)	
Temp casing Yes Dia From To	
(7) PERFORATIONS/SCREENS	
Perforations Method Factory Slotted/Lazer Cut	
Screens Type Material	
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size	Date Started 12-05-2011 Completed 12-06-2011
Perf Liner 260 280 .032 1 3,036	(unbonded) Water Well Constructor Certification
1 CT LINCT 200 200 .032 T 3,030	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 Date
Pump Bailer • Air Flowing Artesian	Electronically Filed
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed
5 300 3	(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
Temperature56	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 1835 Date 02-03-2012
	Electronically Filed
	Signed KEVIN D GILL (E-filed)
	Contact Info (optional) Clouser Drilling Inc.
ORIGINAL - WATER RESOURCES IT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT OF THE WATER R	