

(1) LAND OWNER Owner Well I.D. 2
 First Name _____ Last Name _____
 Company COTTAGES BY THE ROGUE LLC
 Address 5544 AZALEA DR
 City GRANTS PASS State OR Zip 97526

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing:
 Material From To Amt sacks/lbs
 Seal:

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 240.00 ft.
BORE HOLE SEAL sacks/lbs
 Dia From To Material From To Amt lbs

10	0	50	Bentonite Chips	0	50	28	S
6	50	240					

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	2	58	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	0	240	sch 40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS
 Perforations Method Lazer Cut
 Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
		4	220	240	.032	2	3116	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
10		240	1

 Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County JOSEPHINE Twp 36.00 S N/S Range 5.00 W E/W WM
 Sec 23 SE 1/4 of the SE 1/4 Tax Lot 1900
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
4600 ROGUE RIVER HWY GRANTS PASS, OR 97526

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	9/3/2013			22

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 105.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
9/3/2013	105	113	4			22
9/3/2013	177	179	6			22

(11) WELL LOG Ground Elevation _____

Material	From	To
Tight Brown Clay & Small Gravel	0	44
Grey/Green Serpentine Hard	44	97
Brown/Green/Grey Serpentine Med Hard	97	105
Green/Grey Serpentine	105	240

Date Started 9/3/2013 Complete 9/3/2013
(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 1955 Date 11/12/2013
 Signed RYAN LEWIS (E-filed)

(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 1835 Date 11/12/2013
 Signed KEVIN D GILL (E-filed)
 Contact Info (optional) Clouser Drilling Inc.