

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

*Amended*  
**JOSE 59318**  
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**6/9/2014**

WELL I.D. LABEL# L 113316  
 START CARD # 210291  
 ORIGINAL LOG #

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name ROBERT Last Name BOARDBENT  
 Company \_\_\_\_\_  
 Address 51 DEESLEY LANE  
 City GRANTS PASS State OR Zip 97527

**(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 220.00 ft.

BORE HOLE			SEAL				sacks/lbs
Dia	From	To	Material	From	To	Amt	
10	0	38	Bentonite Chips	0	38	17	S
6	38	220					

How was seal placed: Method  A  B  C  D  E  
 Other POURED BENTONITE  
 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	38	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	0	220	250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

 Shoe  Inside  Outside  Other Location of shoe(s) 38  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS** Perforations Method SAW

Perf/Screen	Casing/Liner	Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/pipe size
	Liner	4	200	220	.125	6	12	4

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min 4 Drawdown \_\_\_\_\_ Drill stem/Pump depth 219 Duration (hr) 1

Temperature 51 °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 37.00 S N/S Range 5.00 W E/W WM  
 Sec 28 NW 1/4 of the SE 1/4 Tax Lot 700  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
281 HILLVIEW DR.  
GRANTS PASS, OR 97527

**(10) STATIC WATER LEVEL**  
 Date SWL (psi) + SWL (ft)  
 Existing Well / Pre-Alteration \_\_\_\_\_  
 Completed Well 5/30/2014 \_\_\_\_\_ 70  
 Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 210.00

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
5/30/2014	210	215	4		70

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
BRN CLAY AN LARGE BOULDERS	0	30
GRANITE BLK & WHITE HARD	30	200
GRANITE BLK & WHITE W/F	200	220

Date Started 5/28/2014 Complete 5/30/2014

**(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 \_\_\_\_\_  
 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 1648 Date 6/9/2014  
 Signed BARRY PELKEY (E-filed)  
 Contact Info (optional) BARRY PELKEY