

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

JOSE 59400

WELL I.D. LABEL# L 114612
START CARD # 1023150
ORIGINAL LOG #

11/21/2014

(1) LAND OWNER
Owner Well I.D.
First Name C/O DALE Last Name HURST
Company HRP LLC
Address 233 ROGUE RIVER HWY #259
City GRANTS PASS State OR Zip 97527

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

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

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

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

(5) BORE HOLE CONSTRUCTION
Special Standard [X] (Attach copy)
Depth of Completed Well 80.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Row 1: 10, 0, 30, Bentonite Chips, 0, 30, 30, S. Row 2: 6, 30, 80.

How was seal placed: Method [] A [] B [] C [] D [] E
[X] 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 Thrld
[] [] [] [] [] [] [] [] [] []
[] [] [] [] [] [] [] [] [] []
[] [] [] [] [] [] [] [] [] []
[] [] [] [] [] [] [] [] [] []
[] [] [] [] [] [] [] [] [] []
Shoe [] Inside [X] Outside [] Other Location of shoe(s) 58.5
Temp casing [] Yes Dia ___ From ___ To ___

(7) PERFORATIONS/SCREENS
Perforations Method ___
Screens Type ___ Material ___
Perf/ Casing/ Screen Scrm/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
15 58 1

Temperature 55 °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 35.00 S N/S Range 6.00 W E/W WM
Sec 25 SW 1/4 of the SW 1/4 Tax Lot 600
Tax Map Number ___ Lot ___
Lat ___ ' ___ " or ___ DMS or DD
Long ___ ' ___ " or ___ DMS or DD
[] Street address of well [] Nearest address
5000 MONUMENT DR. GRANTS PASS, OR 97527

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration [] []
Completed Well 5/19/2014 [] 13
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Depth water was first found 61.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
5/19/2014 61 80 15 [] [] 13

(11) WELL LOG
Ground Elevation ___
Material From To
Brown Clay Tight & Cobbles 0 52
Brown & White Granite Broken 52 80

Date Started 5/19/2014 Complete 5/19/2014

(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 1945 Date 11/21/2014
Signed JUSTIN SPLIETHOF (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 11/21/2014
Signed KEVIN D GILL (E-filed)
Contact Info (optional) Clouser Drilling Inc.



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Special Standards
Request Form

REQUEST FOR WRITTEN APPROVAL TO USE CONSTRUCTION METHODS NOT INCLUDED IN OREGON ADMINISTRATIVE RULES 690-200 THROUGH 690-240

Before the request can be considered, this form must be completed. Requests shall be submitted to the Well Construction Program Coordinator, Water Resources Department, 725 Summer Street NE, Suite A, Salem OR 97301-1266. Requests may also be considered by the appropriate Regional Manager.

Date of request: 12/2/15 Oral approval date (if applicable):

Bonded Well Constructor (name, license #, and mailing address): Kevin D. Gill WWC/MWC #1835

PO Box 5110 Grants Pass, OR 97527

(1) Location of Well: SW 1/4 SW 1/4 Tax lot 600 Section 25, Township 35 S, Range 6 W, Josephine County
Address at well site: 5000 Monument Dr Grants Pass, OR 97527

(2) Start Card Number(s)(for work to be done): 1023150 well Jose 59400

(3) Name and Address of Land Owner: Dale Hurst HRP LLC
233 Rogue River Hwy #259 Grants Pass, OR 97527

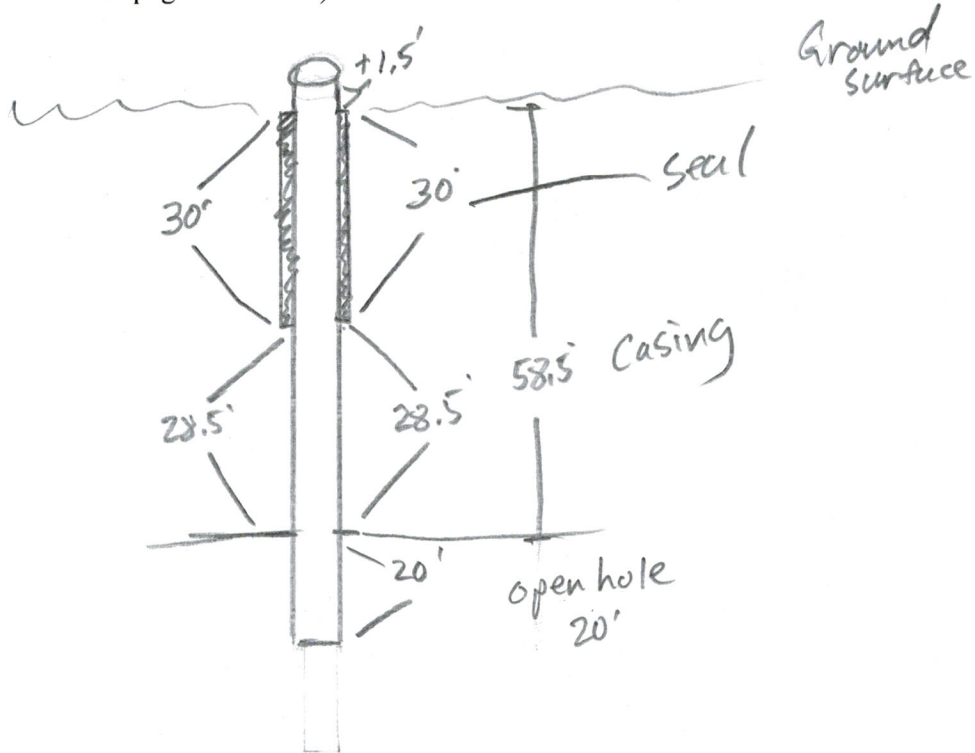
(4) Distance to the nearest septic tank, drainfield, closed sewage line (if water supply well)
21' to Office Sewer Line

(5) The unusual site conditions which necessitate this request: The site has a new Septic System
Drain field that is just over 100' from the new well.
The well is placed in the only location possible to meet the Septic setback and road/utility easements

(6) The proposed construction methods that the bonded well constructor believes will be adequate for this well: (attach additional pages if needed)
A 30' Seal in a well that has been drilled on 5/19/2014.

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- (7) Diagram showing the pertinent features of the proposed well design and construction:
(attach additional pages if needed)



PLEASE NOTE:

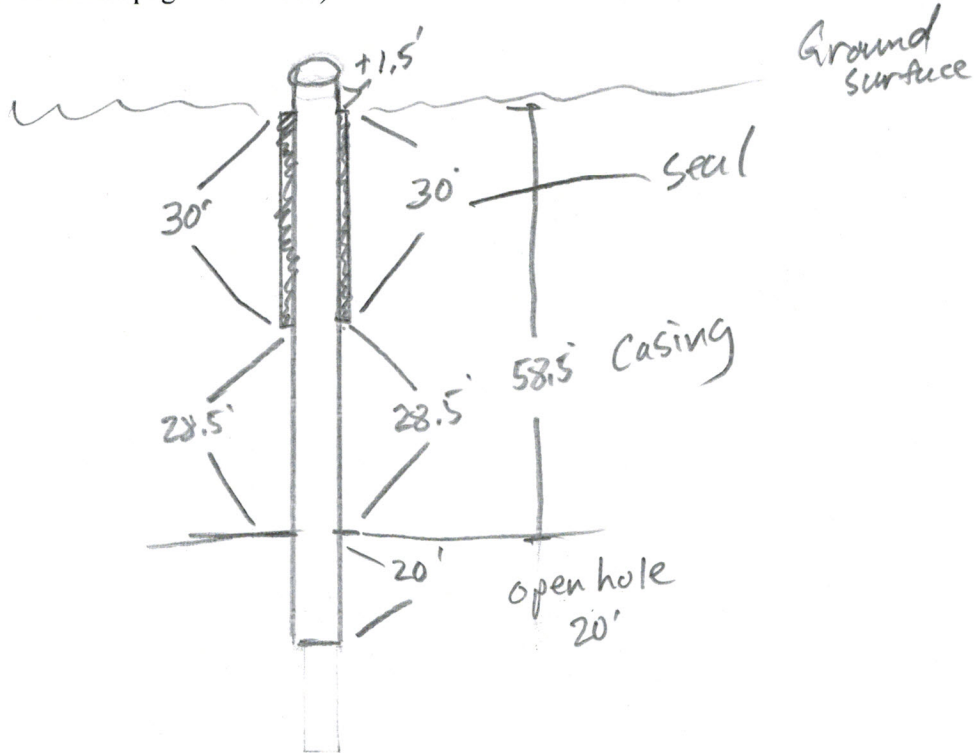
- (1) The Well Construction Standards serve to protect ground water resources. By approving and issuing this special construction standard the Oregon Water Resources Department is not representing that a well constructed in accordance with this condition will maintain structural integrity or that it meets engineering standards. The well constructor/or landowner is responsible for ensuring that a well is constructed in a manner that protects ground water resources as required under Oregon Administrative Rules 690-200 through 690-240.
- (2) If it should be determined at some future date that the well, due to its construction, is allowing ground water contamination, waste or loss of artesian pressure, the undersigned shall return to the site and rectify the problem.
- (3) If oral approval was granted, a written request must be submitted to the Department either within three (3) working days of the date of oral approval or prior to the completion of the associated well work. Failure to submit a written request as described above may void prior oral approval.

I have read and understand the above information. I further attest that the information provided is accurate to the best of my knowledge.

Bonded Constructor Signature: 

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(attach additional pages if needed)



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Bonded Constructor Signature: _____
Thomas M. Smith