AMENDED 11-16-15 WELL I.D. LABEL# L 115473 **JOSE 59487** STATE OF OREGON START CARD# WATER SUPPLY WELL REPORT 1025799 (as required by ORS 537.765 & OAR 690-205-0210) 4/24/2015 ORIGINAL LOG# (1) LAND OWNER Owner Well I.D Last Name KNIGHT First Name HARRY & MARION (9) LOCATION OF WELL (legal description) Company TIROSH VINEYARD County JOSEPHINE Twp 37.00 S N/S Range 5.00 W E/W WM Address 3569 AMBER LN Sec 19 **NW** 1/4 of the **SW** 1/4 Tax Lot 1901 City GRANTS PASS State OR New Well Tax Map Number Deepening (2) TYPE OF WORK Alteration (complete 2a & 10) Abandonment(complete 5a) DMS or DD (2a) PRE-ALTERATION Street address of well Nearest address Stl Plstc Wld Thrd Gauge 7281 WILLIAMS HWY. GRANTS PASS OR 97527 Material To From Amt sacks/lbs (10) STATIC WATER LEVEL (3) DRILL METHOD SWL(psi) SWL(ft) X Rotary Air Rotary Mud Cable Existing Well / Pre-Alteration Reverse Rotary Other Completed Well 3/24/2015 Flowing Artesian? Dry Hole? X Domestic (4) PROPOSED USE Irrigation Industrial/ Commericial Livestock Dewatering Depth water was first found 120.00 WATER BEARING ZONES Thermal Injection Other + SWL(ft) SWL Date Est Flow SWL(psi) To From (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) 3/24/2015 120 Depth of Completed Well 160.00 ft. BORE HOLE **SEAL** sacks/ Dia From Material From To Amt lbs 10 25 12 0 Bentonite Chips Calculated 6 (11) WELL LOG Calculated Ground Elevation Method How was seal placed: From Material То X Other POURED BENTONITE brown clay 16 ft. to ____ __ ft. Material gray clay and boulders 80 Backfill placed from _ gray clay an gravel 120 ___ ft. to ft. Material Filter pack from ____ 120 140 gravel an sand Yes Type_ Explosives used: Amount gray clay and gravel 140 160 (5a) ABANDONMENT USING UNHYDRATED BENTONITE Actual Amount Proposed Amount (6) CASING/LINER Plstc Casing Liner From To Gauge Wld Thrd X Inside \(\) Outside \(\) Other Location of shoe(s) 118 Temp casing Yes Dia_ From ___ (7) PERFORATIONS/SCREENS Perforations Method __ Screens Type _ Material Date Started3/24/2015 Completed 3/24/2015 Perf/ Casing/ Screen Scrn/slot Slot # of (unbonded) Water Well Constructor Certification Screen Liner From length slots pipe size 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

Amount Units

Flowing Artesian

Duration (hr)

(8) WELL TESTS: Minimum testing time is 1 hour

() Bailer

Drawdown

O Pump

Temperature 52

Yield gal/min

Water quality concerns?
From To

Air

°F Lab analysis Yes By_

Drill stem/Pump depth

Yes (describe below) TDS amount 2 PPM

Signed

License Number 1648

Signed BARRY PELKEY (E-filed)
Contact Info (optional) Barry Pelkey

(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.

Date 4/24/2015