

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

JOSE 59572

WELL I.D. LABEL# L 119037
START CARD # 1027432
ORIGINAL LOG #

8/5/2015

(1) LAND OWNER

Owner Well I.D.
First Name JAMES Last Name FROMMER TRUSTEE
Company FROMMER FAMILY TRUST
Address PO BOX 58
City MERLIN State OR Zip 97532

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
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

Depth of Completed Well 240.00 ft. Special Standard [ ] (Attach copy)

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Includes rows for Bentonite Chips and Calculated seal.

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

Table with columns: Casing Liner, Dia, +, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes rows for 6 inch and 4 inch casings.

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 98

Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method SAW CUT

Screens Type Material

Table with columns: Perf/ Screen, Casing/ Screen, Dia, From, To, Scrm/slot width, Slot length, # of slots, Tele/ pipe size.

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

[X] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes row for 16.6 yield and 240 depth.

Temperature 54 °F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below) TDS amount 160 ppm

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County JOSEPHINE Twp 34.00 S N/S Range 6.00 W E/W WM
Sec 28 NE 1/4 of the NE 1/4 Tax Lot 101

Tax Map Number Lot

Lat ' ' or ' ' DMS or DD

Long ' ' or ' ' DMS or DD

[X] Street address of well [ ] Nearest address

760 HITCHING POST RD. GRANTS PASS, OR 97526

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), +, SWL(ft). Includes row for 8/3/2015 with SWL of 59.

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES

Depth water was first found 99.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), +, SWL(ft). Includes row for 8/3/2015 with SWL of 59.

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Lists geological layers like BROWN TIGHT CLAY, BLACK & WHITE BROWN MED GRANITE, etc.

Date Started 7/30/2015 Completed 8/3/2015

(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.

License Number 1945 Date 8/4/2015

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.

License Number 1835 Date 8/5/2015

Signed KEVIN D GILL (E-filed)

Contact Info (optional) CLOUSER DRILLING INC