

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

WELL I.D. LABEL# L 119111
START CARD # 1027595
ORIGINAL LOG #

8/17/2015

*amended
8/17/15
JP*

(1) LAND OWNER

Owner Well I.D. _____
First Name _____ Last Name _____
Company ROGUE RIVER TRUST % RAYBOY, JORDAN & JESKE C/O JAME
Address 4195 S. OAKDALE DR.
City MEDFORD State OR Zip 97501

(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 140.00 ft.

BORE HOLE SEAL sacks/lbs
Dia From To Material From To Amt lbs
10 0 18 Bentonite Chps 0 18 10 S
6 18 140 Calculated 8.22
Calculated

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
 6 2 18 250
 4 0 140 250
Shoe Inside Outside Other Location of shoe(s) 18
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method saw
Screens Type _____ Material sch
Perf Casing/Screen Dia From To Scrn/slot Slot # of Tele/Screen Liner Dia From To width length slots pipe size
Perf Liner 4 120 140 188 6 12 4

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

Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
50 _____ 139 1

Temperature 52 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 63 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County JOSEPHINE Twp 38.00 S N/S Range 5.00 W E/W WM
Sec 33 SE 1/4 of the NEE 1/4 Tax Lot 300
Tax Map Number 3P Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
1001 TETHROW RD. WILLIAMS OR 97544

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 8/12/2015 _____ 13
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 120.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)
8/12/2015 120 130 50 _____ 13

(11) WELL LOG

Ground Elevation _____
Material From To
granite brown soft 0 10
granite gray med hard 10 15
granite gray hard 15 60
granite grayhard w/f 60 140
RECEIVED BY OWRD
MAR 02 2017
SALEM, OR

Date Started 8/12/2015 Completed 8/12/2015

(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. 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 8/17/2015

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