

(1) LAND OWNER Owner Well I.D. _____
First Name MICHAEL Last Name DYER
Company _____
Address 400 E LINDA VISTA
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
Casing: Dia + From To Gauge Stl Plstc Wld Thrd
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 400 ft.

BORE HOLE SEAL
Dia From To Material From To Amt sacks/lbs
XXXXXXX = 50 21 50
10 0 50 BENTONITE Calculated 18
6 50 400 Calculated

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other _____
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 Pounds Actual Amount Pounds

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
6 2 58 0.25
4 0 400
CERTALOK
Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) _____
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method SAW
Screens Type _____ Material _____
Perf/S Casing/ Screen Dia From To Scm/slot Slot # of Tele/
green Liner Dia From To width length slots pipe size
X 380 400 6 1/2 36

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
8 1/2 399 ONE HR

Temperature 53 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS amount 97
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County JOSEPHINE Twp 36S N/S Range 6W E/W WM
Sec 29 NW 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
☒ Street address of well ☐ Nearest address

400 E LINDA VISTA

(10) STATIC WATER LEVEL
Existing Well / Pre-Alteration Date SWL(psi) + SWL(ft)
Completed Well 10-6-15 56
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 110
SWL Date From To Est Flow SWL(psi) + SWL(ft)
10-6-15 110 380 56

(11) WELL LOG Ground Elevation _____
Material From To
GRANITE DECOMP 0 4
GRANITE BLK & WHT
SOFT 4 38
GRANITE BLK & WHT
MED W/FRACT 38 400
RECEIVED BY OWRD
OCT 09 2015
SALEM, OR

Date Started 10-5-15 Completed 10-6-15

(unbonded) Water Well Constructor Certification
I certify that the work performed in 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.
OCT 09 2015
License Number _____ Date _____

Signed SALEM, OR

(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 1324 Date 10-6-15
Signed Jim Sublette
Contact Info (optional) Coleman's Well