

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

JOSE 59698
12/26/2015

WELL I.D. LABEL# L 120457
START CARD # 1029041
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name KEITH Last Name BEATTY
Company
Address 3164 WALNUT AVE.
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 [] (Attach copy)
Depth of Completed Well 140.00 ft.
BORE HOLE
Dia From To Material SEAL Amt sacks/lbs
10 0 40 Bentonite 0 40 19 S
6 40 140 Calculated 18.92
Calculated

How was seal placed: Method [] A [] B [] C [] D [] E
[X] 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 Thrld
[] [] [] [] [] [] [] [] [] []
6 [] [] [] [] [] [] [] [] [] []
[X] [] [] [] [] [] [] [] [] []
Shoe [] Inside [X] Outside [] Other Location of shoe(s) 38
Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material
Perf/ Casing/ Screen Scrn/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)
20 [] [] 120 1

Temperature 51 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below) TDS amount 84 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County JOSEPHINE Twp 36.00 S N/S Range 6.00 W E/W WM
Sec 32 NE 1/4 of the SW 1/4 Tax Lot 700
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
[] Street address of well [] Nearest address
3164 WALNUT AVE. GRANTS PASS OR 97527

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration [] []
Completed Well 12/3/2015 [] 20
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Depth water was first found 120.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
12/3/2015 120 140 20 [] 40

(11) WELL LOG
Ground Elevation
Material From To
red clay 0 10
brown clay and gravel 10 30
gray clay and gravel 30 50
brown clay and gravel 50 100
sand and gravel 100 140

Date Started 12/2/2015 Completed 12/3/2015

(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. 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 12/26/2015
Signed BARRY PELKEY (E-filed)
Contact Info (optional) Barry Pelkey