

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

WELL I.D. LABEL# L 122102
START CARD # 1030637
ORIGINAL LOG #

5/25/2016

(1) LAND OWNER Owner Well I.D.
First Name ERIK Last Name LEIB
Company
Address P.O. BOX 518
City WILLIAMS State OR Zip 97544

(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 540.00 ft.
BORE HOLE SEAL sacks/lbs
Dia From To Material From To Amt lbs
10 0 20 Bentonite Chips 0 20 17 S
6 20 540 Calculated 9.13
Calculated

How was seal placed: Method A B C D E
 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
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 6 2 58 .250
Shoe Inside Outside Other Location of shoe(s) 58
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 Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
8.5 _____ 540 1
Temperature 54 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 139 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County JOSEPHINE Twp 39.00 S N/S Range 5.00 W E/W WM
Sec 9 NE 1/4 of the NW 1/4 Tax Lot 301
Tax Map Number _____ Lot _____
Lat _____ " or 42.19740120 DMS or DD
Long _____ " or -123.29904611 DMS or DD
 Street address of well Nearest address
555 DAVIDSON RD. WILLIAMS, OR 97544

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 5/20/2016 _____ 34
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 191.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
5/20/2016 191 196 2 34
5/20/2016 414 416 5 34
5/20/2016 497 499 1.5 34

(11) WELL LOG Ground Elevation 1839.00
Material From To
DECOMPOSED GRANITE 0 11
BLACK & WHITE GRANITE MEDIUM 11 47
BLACK & WHITE GRANITE MEDIUM HARD 47 56
BROWN & WHITE GRANITE HARD 56 73
BLACK & WHITE GRANITE HARD 73 167
BLACK & WHITE LTL GRN GRANITE HARD 167 191
GREY LTL WHITE & GREEN GRANITE HARD 191 363
GREY GREEN WHITE GRANITE HARD 363 369
GREY & WHITE GRANITE HARD 369 540
Date Started 5/19/2016 Completed 5/20/2016

(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 1945 Date 5/24/2016
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. 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 1835 Date 5/25/2016
Signed KEVIN D GILL (E-filed)
Contact Info (optional) CLOUSER DRILLING INC.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

JOSF 59773

5/25/2016

Map of Hole

