

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

JOSE 59802

6/23/2016

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

122827

1030916

(1) LAND OWNER

Owner Well I.D. _____

First Name MICHAEL Last Name BLAZERICKCompany B&B GLOBAL HOLDINGS LLCAddress 621 W ROSECRANS AVE. #201City GARDENA State CA Zip 90248**(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:

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(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 240.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10	0	26	Bentonite Chips	0	26	12	S
6	26	240			Calculated	11.87	
					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	98	.250	☐	☐	☒	
☐	☒	4	☐	0	240	Sch 40	☐	☒	☐	
☐	☐		☐				☐	☐	☐	
☐	☐		☐				☐	☐	☐	
☐	☐		☐				☐	☐	☐	

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 98

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENSPerforations Method Saw Cut

Screens		Type	Material				
Perf/	Casing/	Screen	Screen	Slot	# of	Tele/	
Screen	Liner	Dia	From	To	width	length	slots
Perf	Liner	4	220	240	.188	4	60

(8) WELL TESTS: Minimum testing time is 1 hour☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
18		240	1

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 200 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County JOSEPHINE Twp 39.00 S N/S Range 7.00 W E/W WMSec 20 SE 1/4 of the NW 1/4 Tax Lot 500

Tax Map Number _____ Lot _____

Lat _____ " or 42.16264000 DMS or DD

Long _____ " or -123.55754000 DMS or DD

☒ Street address of well ☐ Nearest address5150 CAVES HWY CAVE JUNCTION, OR 97523**(10) STATIC WATER LEVEL**

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	6/15/2016			26
Flowing Artesian?	☐	Dry Hole?	☐	

WATER BEARING ZONES

Depth water was first found 129.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
6/15/2016	129	132	2			26
6/15/2016	174	176	10			26
6/15/2016	207	209	6			26

(11) WELL LOG

Ground Elevation _____

Material	From	To
ORANGE CLAY	0	12
BROWN SERPENTINE SOFT	12	15
BROWN/GREY SERPENTINE MED	15	72
GREY SERPENTINE HARD	72	129
GREY SERPENTINE SOFT	129	134
GREY SERPENTINE HARD	134	145
DARK GREY SERPENTINE MEDIUM	145	174
GREY/GREEN SERPENTINE HARD	174	227
BLUE/GREY SERPENTINE HARD	227	240

Date Started 6/15/2016Completed 6/15/2016**(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 _____ 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 1835 Date 6/23/2016Signed KEVIN D GILL (E-filed)Contact Info (optional) CLOUSER DRILLING INC.

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

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

JOSE 59802

6/23/2016

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 42.16264 Datum: WGS84

Longitude: -123.55754

Township/Range/Section/Quarter-Quarter Section:
WM 39S 7W 20 SENW

Address of Well:

5150 CAVES HWY CAVE JUNCTION, OR 97523

Well Label: 122827

Printed: June 22, 2016

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

