

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

8/26/2016

(1) LAND OWNER
Owner Well I.D. _____
First Name _____ Last Name _____
Company CROSS DEVELOPMENT
Address 5317 IVERRAY DR.
City PLANO State TX Zip 75093

(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 Thrld
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 200.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs
10 0 20 Bentonite Chips 0 20 18 S
6 20 200 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 Thrld
 6 2 116 .250
Shoe Inside Outside Other Location of shoe(s) 116
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method AIR
Screens Type _____ Material _____
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Casing 6 60 80 .188 1 384 _____

(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 _____ 116 1
Temperature 56 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 230 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County JOSEPHINE Twp 35.00 S N/S Range 6.00 W E/W WM
Sec 26 NE 1/4 of the SE 1/4 Tax Lot 1500
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
3625 MERLIN RD. GRANTS PASS, OR 97526

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 8/9/2016 _____ 19
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 62.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
8/9/2016 62 74 8 _____ 19

(11) WELL LOG
Ground Elevation _____
Material From To
BROWN CLAY & BOULDERS 0 20
BRN CLAY MIXED GRVL/BLDRS/SAND 20 86
BROWN DECOMPOSED GRANITE 86 117
GREY GRANITE HARD 117 200
Date Started 8/9/2016 Completed 8/9/2016

(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 8/26/2016
Signed KEVIN D GILL (E-filed)
Contact Info (optional) CLOUSER DRILLING INC.