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

**JOSE 59952**

**11/23/2016**

**WELL I.D. LABEL# L** 124467
**START CARD #** 1032954
**ORIGINAL LOG #**

## (1) LAND OWNER

Owner Well I.D.
First Name ADAM Last Name HOKE
Company
Address 46 FRANKLIN DR.
City MECHONIESBURG State PA Zip 17055

## (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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

## (5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 120.00 ft.

BORE HOLE

| Dia | From | To |
|---|---|---|
| 10 | 0 | 57 |
| 6 | 57 | 120 |
| | | |
| | | |

SEAL

| Material | From | To | Amt | sacks/lbs |
|---|---|---|---|---|
| Bentonite Chips | 0 | 57 | 32 | S |
| | | Calculated | 26.01 | |
| | | | | |
| | | 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 | ● | ○ | ☒ | ☐ |
| ○ | ○ | | ☐ | | | | ○ | ○ | ☐ | ☐ |
| ○ | ○ | | ☐ | | | | ○ | ○ | ☐ | ☐ |
| ○ | ○ | | ☐ | | | | ○ | ○ | ☐ | ☐ |
| ○ | ○ | | ☐ | | | | ○ | ○ | ☐ | ☐ |

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 98
Temp casing ☐ Yes Dia From To

## (7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

| Perf/ Screen | Casing/ Screen Liner | Dia | From | To | Scrn/slot width | Slot length | # of slots | Tele/ 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) |
|---|---|---|---|
| 15 | | 98 | 1 |
| | | | |
| | | | |

Temperature 54 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 260 ppm

| From | To | Description | Amount | Units |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## (9) LOCATION OF WELL (legal description)

County JOSEPHINE Twp 37.00 S N/S Range 5.00 W E/W WM
Sec 16 SE 1/4 of the SE 1/4 Tax Lot 501
Tax Map Number Lot
Lat ° ' " or 42.34725000 DMS or DD
Long ° ' " or -123.28978000 DMS or DD
◉ Street address of well ○ Nearest address
BOARD SHANTY CREEK RD. TL 501

## (10) STATIC WATER LEVEL

| | Date | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|
| Existing Well / Pre-Alteration | | | | |
| Completed Well | 11/14/2016 | | | 8 |

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 97.00

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|---|---|
| 11/14/2016 | 97 | 106 | 15 | | | 8 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## (11) WELL LOG

Ground Elevation 1286.00

| Material | From | To |
|---|---|---|
| BROWN CLAY & BOULDERS | 0 | 51 |
| BROWN BASALT MEDIUM HARD | 51 | 92 |
| DARK GREY BASALT BROKEN | 92 | 120 |

Date Started 11/11/2016 Completed 11/14/2016

**(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 11/23/2016

Signed 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: