

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

JOSE 60100

WELL I.D. LABEL# L

125272

START CARD #

1034557

ORIGINAL LOG #

6/1/2017

(1) LAND OWNER

Owner Well I.D. _____

First Name DAVID

Last Name LEE

Company _____

Address 18306 CALVERT ST.

City TARZANA State CA Zip 91335

(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:					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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 125.00 ft.

BORE HOLE				SEAL			sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	18	Bentonite Chips	0	18	22	S
6	18	125				Calculated	8.22
						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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6		<input checked="" type="checkbox"/>	2	118	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 118

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method AIR

Screens Type _____ Material _____

Perf/ Screen	Casing/ Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	6	97	117	.188	1	480	

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
16		125	1

Temperature 55 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 310 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County JOSEPHINE Twp 38.00 S N/S Range 5.00 W E/W WM

Sec 23 NE 1/4 of the NE 1/4 Tax Lot 120

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street address of well Nearest address

WILLIAMS HWY TL 120

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	5/23/2017	0.15	<input checked="" type="checkbox"/>	0.3

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 110.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
5/23/2017	110	121	16	0.15	<input checked="" type="checkbox"/>	0.3

(11) WELL LOG

Ground Elevation _____

Material	From	To
BROWN CLAY & GRAVEL W/SAND	0	125

Date Started 5/23/2017 Completed 5/23/2017

(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 1994 Date 6/1/2017

Signed SHAWN PETERSON (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 6/1/2017

Signed KEVIN D GILL (E-filed)

Contact Info (optional) CLOUSER DRILLING INC