

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

JOSE 60177

WELL I.D. LABEL# L

18776
1025984

START CARD #

8/3/2017

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name Last Name
Company SCHOOL DISTRICT #7
Address 725 NE DEAN ST.
City GRANTS PASS State OR Zip 97526

(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 Thrld
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 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Includes rows for Calculated.

How was seal placed: Method A B C D E

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

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrld

Shoe Inside Outside Other Location of shoe(s)

Temp casing Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

Table with columns: Perf/ Screen, Casing/ 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)

Table for well test results with columns for Yield, Drawdown, Depth, Duration.

Temperature °F Lab analysis Yes By

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

Table for water quality concerns with columns for From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County JOSEPHINE Twp 36.00 S N/S Range 6.00 W E/W WM
Sec 25 NE 1/4 of the SE 1/4 Tax Lot 100
Tax Map Number Lot
Lat Long
Street address of well Nearest address

2320 WILLIAMS HWY GRANTS PASS, OR 97527

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Includes rows for Existing Well / Pre-Alteration and Completed Well.

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found

SWL Date From To Est Flow SWL(psi) + SWL(ft)

Table for water bearing zones with columns for SWL, Date, From, To, Est Flow, SWL(psi), SWL(ft).

(11) WELL LOG

Ground Elevation

Table for well log with columns: Material, From, To. Includes entry: ADDED 3' PIECE OF CASING TO WELL HEAD.

Date Started 4/3/2015 Completed 4/3/2015

(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.

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.

License Number 1835 Date 8/3/2017

Signed KEVIN D GILL (E-filed)

Contact Info (optional) CLOUSER DRILLING INC.