

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

JOSE 60225

WELL I.D. LABEL# L 02341
 START CARD # 213108
 ORIGINAL LOG # 89709 L02341

(1) LAND OWNER
 Owner Well I.D. _____
 First Name _____ Last Name _____
 Company RENDATTA
 Address 700 MERLIN RD
 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
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing: 6 + 1 86 250
 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 700 ft.
 BORE HOLE
 Dia From To Material SEAL To Amt sacks/lbs

6	165	700					
					Calculated		
					Calculated		

How was seal placed: Method A B C D E
 Other _____
 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 Pounds Actual Amount Pounds

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>4</u>	<input type="checkbox"/>	<u>700</u>	<u>40</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<u>Centalok</u>					

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

(7) PERFORATIONS/SCREENS
 Perforations Method SAW
 Screens Type _____ Material _____
 Per/S Casing/ Screen

green	Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
<u>P</u>	<u>L</u>		<u>681</u>	<u>699</u>	<u>1/4</u>	<u>6</u>	<u>36</u>	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

<u>30</u>			<u>699</u>	<u>ONE HR</u>
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 Temperature 53 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 106

From	To	Description	Amount	Units

JOSE 60225
 (9) LOCATION OF WELL (legal description)
 County JOSEPHINE Twp 35S N/S Range 6W E/W WM
 Sec 21 SE 1/4 of the NE 1/4 Tax Lot 204
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

700 MERLIN RD

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
<u>7/29/96</u>			<u>85</u>
<u>7/29/17</u>			<u>85</u>

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 320

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>7/29/17</u>	<u>320</u>	<u>600</u>			<u>85</u>

(11) WELL LOG
 Ground Elevation _____

Material	From	To
<u>GRANITE BLK, WHT, BWN soft</u>	<u>165</u>	<u>220</u>
<u>GRANITE BLK, WHT med</u>	<u>220</u>	<u>700</u>

RECEIVED BY OWRD

AUG 31 2017

SALEM, OR

Date Started 7-28-17 Completed 7-29-17

(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 1324 Date 5/28/17
 Signed Jim Sublette
 Contact info (optional) Coleman's Well