

(1) LAND OWNER Owner Well I.D. _____
First Name JASON Last Name COLE
Company _____
Address 1050 HUMBUG CREEK RD.
City JACKSONVILLE State OR Zip 97530

(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 140.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs
10 0 19 Bentonite Chips 0 19 17 S
6 19 140 Calculated 8.67
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 78 .250
 4 2 140 SCH40
Shoe Inside Outside Other Location of shoe(s) 78
Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method SAW CUT
Screens Type _____ Material _____
Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Liner 4 120 140 .188 4 60 _____

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
24 _____ 138 1
Temperature 54 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 153 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 15 NE 1/4 of the SW 1/4 Tax Lot 401
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
15250 WATER GAP RD. WILLIAMS, OR 97544

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 10/24/2017 0.4 0.9
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 78.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
10/24/2017 78 119 24 0.4

(11) WELL LOG Ground Elevation _____
Material From To
BRN CLAY TIGHT COBBLE GRAVEL 0 8
GREY & BROWN BASALT BROKEN 8 43
GREY GREEN BROWN BASALT BROKEN 43 119
GREY & PURPLE BASALT HARD 119 140

Date Started 10/24/2017 Completed 10/24/2017
(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 1945 Date 10/26/2017
Signed JUSTIN SPLIETHOF (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 10/26/2017
Signed KEVIN D GILL (E-filed)
Contact Info (optional) CLOUSER DRILLING INC.