

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

JOSE 60298

WELL I.D. LABEL# L

127037

START CARD #

1036914

11/3/2017

ORIGINAL LOG #

JOSEPHINE 60213

(1) LAND OWNER

Owner Well I.D. _____

First Name JASON Last Name COLE

Company _____

Address 15250 WATER GAP RD. WILLIAMS, OR

City JACKSONVILLE State OR Zip 97530

(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

6 x 2 78 .250 [X] [] [X] []

Material From To Amt sacks/lbs

Seal: Bentonite Chips 0 40 41 Sacks

(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 240.00 ft.

BORE HOLE

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Includes data for Bentonite Chips and Calculated values.

How was seal placed: Method A B C D E

Other NOT DISTURBED

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

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrld. Includes data for 6 inch and 4 inch casings.

Shoe Inside Outside Other Location of shoe(s) _____

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/

Table with columns: Perf, Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, pipe size. Includes data for 4 inch perforations.

(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 with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes empty rows for data entry.

Temperature _____ °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 174 ppm

From To Description Amount Units

Table with columns: From, To, Description, Amount, Units. Includes empty rows for data entry.

(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 42.26390700 DMS or DD

Long _____ " or -123.28112000 DMS or DD

Street address of well Nearest address

15250 WATER GAP RD. WILLIAMS, OR

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table with columns: Date, SWL(psi), SWL(ft). Includes data 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 with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Includes data for 10/27/2017.

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Includes data for EXISTING BOREHOLE and Installed new liner to 162 feet.

Date Started 10/27/2017 Completed 10/27/2017

(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 _____ 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 11/3/2017

Signed KEVIN D GILL (E-filed)

Contact Info (optional) CLOUSER DRILLING INC.

