

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

JOSE 60763

WELL I.D. LABEL# L

136957

START CARD #

1046169

1/24/2020

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company COLVIN OIL COMPANY INC.

Address 2520 FOOTHILL BLVD

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 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 180.00 ft.

BORE HOLE

Dia From To Material SEAL Amt sacks/lbs

6 0 180 _____

Calculated

Calculated

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

6 1.5 133.5 .250

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size

Table with 8 columns: Perf/ Screen, Casing/ Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size. All cells are empty.

(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 4 columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). All cells are empty.

Temperature _____ °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 350 ppm

From To Description Amount Units

Table with 5 columns: From, To, Description, Amount, Units. All cells are empty.

(9) LOCATION OF WELL (legal description)

County JOSEPHINE Twp 36.00 S N/S Range 5.00 W E/W WM

Sec 15 NW 1/4 of the SW 1/4 Tax Lot 300

Tax Map Number _____ Lot _____

Lat _____ " or 42.43842000 DMS or DD

Long _____ " or -123.28488000 DMS or DD

Street address of well Nearest address

2520 FOOTHILL BLVD, GRANTS PASS, OR 97526

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration 1/16/2020 _____ 90

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 6 columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). All cells are empty.

(11) WELL LOG

Ground Elevation _____

Material From To

Welded 18" piece of casing to well head 0 180

Camera inspected well 0 180

Table with 3 columns: Material, From, To. Multiple empty rows.

Date Started 1/17/2020

Completed 1/17/2020

(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 1/22/2020

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 1/23/2020

Signed KEVIN GILL (E-filed)

Contact Info (optional) CLOUSER DRILLING INC.