

STATE OF OREGON WATER SUPPLY WELL REPORT

JOSE 61676

WELL I.D. LABEL# L 143878 START CARD # 1061609 ORIGINAL LOG #

6/15/2023

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

(1) LAND OWNER

Owner Well I.D. First Name BRIAN Last Name MOCKRIDGE Company Address PO BOX 1395 City MERLIN State OR Zip 97532

(2) TYPE OF WORK

New Well Deepening Conversion Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Table with columns: Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes Casing and Seal information.

(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

Depth of Completed Well 300.00 ft. Special Standard (Attach copy)

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Includes BORE HOLE and SEAL information.

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, Thrd

Shoe Inside Outside Other Location of shoe(s) 108

Temp casing Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method Lazer Cut & Saw Cut

Screens Type Material

Table with columns: Perf, Casing/ Screen, 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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

Temperature 55 °F Lab analysis Yes By

Water quality concerns? Yes (describe below) TDS amount 111 ppm

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County JOSEPHINE Twp 35.00 S N/S Range 6.00 W E/W WM Sec 26 NE 1/4 of the SE 1/4 Tax Lot 1900

Street address of well 5195 MONUMENT DR GRANTS PASS, OR 97526

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft)

WATER BEARING ZONES

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)

(11) WELL LOG

Ground Elevation 1131.00

Table with columns: Material, From, To

Date Started 6/9/2023 Completed 6/9/2023

(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 1945 Date 6/15/2023

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.

License Number 1835 Date 6/15/2023

Signed KEVIN GILL (E-filed)

Contact Info (optional) Clouser Drilling Inc

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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Map of Hole

