

(1) LAND OWNER
Owner Well I.D. 2
First Name _____ Last Name _____
Company SIUSLAW MARINA
Address 06516 HWY 126
City FLORENCE State OR Zip 97439

(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 163.00 ft.
BORE HOLE SEAL
Dia From To Material From To Amt sacks/lbs
10 0 78.5 Bentonite 0 50 37 S
6 78.5 163
How was seal placed: Method A B C D E
 Other POURED AND TAMPED
Backfill placed from 50 ft. to 78.5 ft. Material BENTONITE
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 78.5 .250
 4.5 3 163 sdr26
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method saw
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 4.5 103 163 .125 1 600
Perf Liner 4.5 103 163 .125 1 600

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
6 _____ 163 1
Temperature 57 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County LANE Twp 18.00 S N/S Range 11.00 W E/W WM
Sec 19 SE 1/4 of the SW 1/4 Tax Lot 1100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
1/8 MI UP ROSE HILL RD, THEN LEFT FLORENCE

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 7/2/2014 _____ 34
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 123.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
7/2/2014 123 144 6 _____ 34

(11) WELL LOG
Ground Elevation _____
Material From To
topsoil 0 5
sandy brown clay 5 44
blue sandy claystone 44 71
blue sandstone 71 163

Date Started 6/1/2014 Complete 7/2/2014
(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 1839 Date 7/7/2014
Signed MICHAEL J HOLLEY (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 1541 Date 7/7/2014
Signed CASEY JONES JR (E-filed)
Contact Info (optional) Casey Jones Well Drilling Co., Inc. 541-747-2806