					Page 1 of 1
STATE OF OREGON	LANE	77793	WELL I.D. LABEL#		
WATER SUPPLY WELL REPORT		-	START CARD #	101/2/2	
(as required by ORS 537.765 & OAR 690-205-0210)	12/30/	/2020	ORIGINAL LOG #	4	
(1) LAND OWNER Owner Well I.D.					
First Name ROBIN Last Name PFEIFER	·	(9) LOCATI	ON OF WELL (legal	description)	
Company			Twp_15.00 S	<b>-</b> '	W E/W WM
Address 25046 JAEG RD			$\frac{1}{E} = \frac{1}{4} \text{ of the } \frac{NW}{NW}$		
City     JUNCTION CITY     State     OR     Zip     97448       (2)     TYPE OF WORK     X     New Well     Deepening     Conv		Tax Man Numbe	r 1/4 01 tile 1111	_ 1/4 I at 200 _	
(2) TYPE OF WORK X <sup>New Well</sup> Deepening Conv	ersion	Lot °	r' or _44.238500	Lot	DMS or DD
Alteration (complete 2a & 10) Abandonment(co	omplete 5a)	Long°	" or123.3631	0000	DMS or DD
(2a) <b>PRE-ALTERATION</b> Dia + From To Gauge Stl Plstc Wld Thrd			eet address of well		
Casing:			D, JUNCTION CITY, OR 97		
Material From To Amt sacks/lbs		200100112014	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Seal:					
(3) DRILL METHOD		(10) STATIC	C WATER LEVEL		
Rotary Air Rotary Mud Cable Auger Cable Mud			Da	ate SWL(psi)	+ SWL(ft)
Reverse Rotary Other			ll / Pre-Alteration		
		Completed			56
(4) <b>PROPOSED USE</b> X Domestic Irrigation Community			Flowing Artesian?		
Industrial/ Commericial Livestock Dewatering		WATER BEARI	NG ZONES Depth	water was first foun	d <u>138.00</u>
Thermal Other	_	SWL Date	From To E	Est Flow SWL(psi)	+ SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (A	Attach copy)	10/8/2020	138 142	15	56
Depth of Completed Well <u>160.00</u> ft.		10/0/2020	130 142	15	
BORE HOLE SEAL	sacks/				
Dia From To Material From To A	mt lbs				
	25 S				
6 48.5 160 Calculated 2	2.14		· · · · ·		
Calculated		(11) WELL I	OG Ground Elevat	ion	
How was seal placed: Method A B C D	E		Glound Eleval	From	
How was sear praced:     Method     A     B     C     D       X     Other     POURED AND SCREENE	C	top soil	Material		To 1
Backfill placed from $0$ ft. to $48.5$ ft. Material <u>BENTONIT</u>	E CHIPS	brown sticky cla	V	1	39
Filter pack from ft. to ft. Material		grey sandstone	J	39	160
—					
Explosives used: Yes Type Amount					
(5a) ABANDONMENT USING UNHYDRATED BENTONI	ТЕ				
Proposed Amount Actual Amount					
(6) CASING/LINER					
Casing Liner Dia + From To Gauge Stl Plstc					
$\bullet \qquad 6 \qquad \boxed{\texttt{K} \qquad 1.5 \qquad 48.5 \qquad .250} \qquad \bullet \qquad \bigcirc \qquad \bullet \qquad \bullet$					
$\bigcirc \  \  \bullet \qquad 4 \qquad \bigcirc \  \  0 \qquad 160  cl \ 160 \qquad \bigcirc \  \  \bullet \qquad \bullet$	$\boxtimes$ $\square$				
Shoe Inside Outside Other Location of shoe(s)					
Temp casing Yes Dia From + To To					
(7) PERFORATIONS/SCREENS					
Perforations Method skill saw					
Screens Type Material	<b>T</b> 1 (	Date Started1	0/7/2020 Con	mpleted <u>10/8/202</u>	0
Perf/ Casing/ Screen Scrn/slot Slot # of Screen Liner Dia From To width length slots	Tele/	(unbonded) Wa	ter Well Constructor Cert	ification	
Screen LinerDiaFromTowidthlengthslotsPerfLiner480160.02512105		. ,	e work I performed on the		ening, alteration, or
		abandonment o	f this well is in complian	nce with Oregon	water supply well
		construction sta	ndards. Materials used and	information reporte	d above are true to
		the best of my k	nowledge and belief.		
		License Number		Date	
(8) WELL TESTS: Minimum testing time is 1 hour					
Pump OBailer O Air O Flowing A	rtesian	Signed			
<b>S S S</b>	ſ	(bonded) Water	Well Constructor Certific	ation	
Yield gal/min Drawdown Drill stem/Pump depth Duration (h 15 160 1	II)	· /	ibility for the construction,		on or abandonmer
			on this well during the const		
			ig this time is in complia		
Temperature 56 °F Lab analysis Yes By			dards. This report is true to		
	ppm	License Number	1960	Date 12/30/2020	
Water quality concerns? Yes (describe below) TDS amount 46 From To Description Amount	Units		1700	12/30/2020	
		Signed JACO	B HOWELL (E-filed)		
	┝──┤ ┃	Contact Info (op	tional) Jake 541-913-7896		

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: