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

**LANE 78051**

**6/9/2021**

**WELL I.D. LABEL# L** 142190
**START CARD #** 1052348
**ORIGINAL LOG #**

## (1) LAND OWNER

Owner Well I.D.
First Name JASON Last Name HUANG
Company
Address 3395 S JONES BLVD #218
City LAS VEGAS State NV Zip 89146

## (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 | Thrd |
|---|---|---|---|---|---|---|---|---|---|
| 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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

## (5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 125.00 ft.

BORE HOLE

| Dia | From | To |
|---|---|---|
| 10 | 0 | 26 |
| 6 | 26 | 125 |
| | | |
| | | |

SEAL

| Material | From | To | Amt | sacks/lbs |
|---|---|---|---|---|
| Bentonite | 0 | 26 | 14 | S |
| | | Calculated | 11.87 | |
| | | | | |
| | | Calculated | | |

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED AND TAMPED
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 | Thrd |
|---|---|---|---|---|---|---|---|---|---|---|
| ◉ | ◯ | 6 | ☒ | 2 | 26 | .250 | ◉ | ◯ | ☒ | ☐ |
| ◯ | ◉ | 4.5 | ☐ | 5 | 125 | 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/ Screen | Casing/ Screen Liner | Dia | From | To | Scrn/slot width | Slot length | # of slots | Tele/ pipe size |
|---|---|---|---|---|---|---|---|---|
| Perf | Liner | 4.5 | 65 | 82 | .125 | 1 | 200 | |
| Perf | Liner | 4.5 | 105 | 125 | .125 | 1 | 200 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

## (8) WELL TESTS: Minimum testing time is 1 hour

◯ Pump ◯ Bailer ◉ Air ◯ Flowing Artesian

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---|---|---|---|
| 75 | | 125 | 1 |
| | | | |
| | | | |

Temperature 56 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 35 ppm

| From | To | Description | Amount | Units |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## (9) LOCATION OF WELL (legal description)

County LANE Twp 19.00 S N/S Range 2.00 W E/W WM
Sec 4 SW 1/4 of the NE 1/4 Tax Lot 500
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◉ Street address of well ◯ Nearest address
35857 N MORNING STAR RD PLEASANT HILL

## (10) STATIC WATER LEVEL

| | Date | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|
| Existing Well / Pre-Alteration | | | ☐ | |
| Completed Well | 6/8/2021 | | ☐ | 24 |

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 69.00

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|---|---|
| 6/8/2021 | 69 | 74 | 60 | | ☐ | 24 |
| 6/8/2021 | 108 | 109 | 15 | | ☐ | 24 |
| | | | | | ☐ | |
| | | | | | ☐ | |
| | | | | | ☐ | |

## (11) WELL LOG

Ground Elevation

| Material | From | To |
|---|---|---|
| Top Soil | 0 | 2 |
| Brown Clay | 2 | 14 |
| Blue Clay | 14 | 20 |
| Blue Claystone | 20 | 69 |
| Broken Sandstone | 69 | 74 |
| Blue Sandstone | 74 | 125 |

Date Started 6/8/2021 Completed 6/8/2021

**(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 6/9/2021

Signed MICHAEL 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 6/9/2021

Signed CASEY JONES JR (E-filed)

Contact Info (optional) Casey Jones Well Drilling 541-747-2806

ORIGINAL - WATER RESOURCES DEPARTMENT

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