

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

WELL LABEL # L 102067
 START CARD # 205743

(1) LAND OWNER Owner Well I.D. 5092

First Name K2A Properties Last Name _____
 Company Miller Forest
 Address P.O. Box 12708
 City Salem State OR Zip 97309

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(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 95 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
16	0	60	Bentonite	0	18	40	S
10	60	160					

How was seal placed: Method A B C D E

Other Poured dry

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	1.33	60	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10	<input checked="" type="checkbox"/>	1	119	250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut & down the hole punch

Screens Type _____ Material _____

Perf/S	Casing/	Screen	From	To	Scrns/slot	Slot	# of	Tele/
creen	Liner	Dia	From	To	width	length	slots	pipe size
	Casing		18	20	1		30	
	Casing		20	60	.44	10	432	
	Liner		39	119	.44	10	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)
500		120	1

Temperature 54 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Units

(9) LOCATION OF WELL (legal description)

County LINN Twp 10 S N/S Range 2 W E/W WM
 Sec 20 SW 1/4 of the NE 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

Densmore Rd., Jefferson, OR 97352

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	06-12-2010		8.5

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 18

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
06-12-2010	18	115	500		8.5

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	2
Brown clay	2	10
Cemented gravel	10	18
Gravel & sand	18	24
Cemented clay & gravel	24	41
Blue cemented gravel	41	44
Blue sandy gravel cemented	44	60
Blue clay	60	71
Blue sand lens	71	74
Blue clay	74	86
Blue sand lens	86	89
Blue clay	89	103
Blue sand w/some gravel	103	115
Blue clay	115	160

JONES DRILLING CO., INC.

29400 SANTIAM HWY.

LEBANON, OR 97355

1-800-915-8388 541-367-2560 541-451-2686

Date Started 05-12-2010 Completed 06-12-2010

(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 1411 Date 06-16-2010

Password: (if filing electronically)

Signed [Signature]

(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 1684 Date 06-16-2010

Password: (if filing electronically)

Signed [Signature]

Contact Info (optional) jonesdrilling@hotmail.com

