

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

WELL LABEL # L 108580

START CARD # 1017936

(1) LAND OWNER Owner Well I.D. 5291 - JR#2

First Name Dave & Cliff Last Name MacHugh
Company Jackass Mountain Ranch
Address 660 Dogwood
City Pasco State WA Zip 99301

(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 58 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
16	0	58	Bentonite	0	18	65	S

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"/>	1.5	58	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia 16 From 0 To 58

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut
Screens Type _____ Material _____

Perf/S	Casing/Screen	Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing		18	58		.438	10	456	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
125	32		1.5

Temperature 54 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LINN Twp 10 S N/S Range 3 W E/W WM
Sec 17 SE 1/4 of the NW 1/4 Tax Lot 101
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
7048 NE Parker Ln., Albany, OR 97321

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	10-03-2012			9

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10-03-2012	12	25	125			9

(11) WELL LOG

Material	From	To	Ground Elevation
Topsoil	0	2	
Brown clay	2	10	
Gravel & sand	10	25	
Cemented gravel	25	47	
Blue grey sandstone	47	58	
Let naturally cave in from 18' to 58'			
RECEIVED BY OWRD			
JONES DRILLING CO., INC.			
29400 SANTIAM HWY.			
LEBANON, OR 97355			
541-367-2560 541-451-2686			
1-800-915-8388			
OCT 12 2012			
SALEM, OR			

Date Started 10-01-2012 Completed 10-03-2012

(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 10-09-2012

Password : (if filing electronically)

Signed _____

(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 10-09-2012

Password : (if filing electronically)

Signed _____

Contact Info (optional) jonesdrilling@bolton.com