

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

WELL # 108581

START CARD # 1018006

(1) LAND OWNER Owner Well I.D. 5294
 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 32 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
16	0	32	Bentonite	10	12	31	S
			Cement	0	10	8	S

How was seal placed: Method A B C D E

Other Poured dry

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

Filter pack from 12 ft. to 21 ft. Material pea gravel Size 3/8

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	12	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia 16 From 0 To 32

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type wrap rib Material stainless

Perf/S	Casing/	Screen	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner	Dia	width	length	slots	pipe size		
		12	12	32	1			12

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
200	12		2

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 NE 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	10-10-2012		9

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 14

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10-10-2012	14	32	200		9

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	2
Brown clay	2	8
Cemented gravel	8	12
Gravel & sand	12	28
Cemented gravel	28	30
Sandy gravel	30	32
Naturally caved in to 21'		

JONES DRILLING CO., INC.
 29400 SANTIAM HWY.
 LEBANON, OR 97355
 541-367-2560 541-451-2686
 1-800-915-8388

RECEIVED BY OWRD
 OCT 22 2012
 SALEM, OR

Date Started 10-08-2012 Completed 10-10-2012

(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 10-18-2012
 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 10-18-2012
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) jonesdrilling@hotmail.com