

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

WELL LABEL # L 108582

START CARD # 1018102

(1) LAND OWNER Owner Well I.D. 5295

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			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	lbs
16	0	58	Bentonite	0	18	14	S

How was seal placed: Method  A  B  C  D  E

Other Poured dry

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from 18 ft. to 34 ft. Material washed rock Size 3/4 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 checked="" type="checkbox"/>	12		<input checked="" type="checkbox"/> 2	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 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Casing	Screen	Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
				18	4.5		.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)
200		56	1
150	21		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 NE 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

7948 NE Parker Ln., Albany, OR 97321

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	10-12-2012		17

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES

Depth water was first found 24

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10-12-2012	24	45	200		17

(11) WELL LOG

Ground Elevation \_\_\_\_\_

Material	From	To
Topsoil	0	2
Brown clay	2	24
Brown sand	24	34
brown sandy gravel	34	45
Blue gray sandstone	45	58

Let naturally cave in from 58' to 34'

**JONES DRILLING CO., INC.**

**29400 SANTIAM HWY.**

**LEBANON, OR 97355**

**541-367-2560 541-451-2686**

**1-800-915-8388**

Date Started 10-12-2012 Completed 10-12-2012

(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 10-22-2012

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 10-22-2012

Password : (if filing electronically)

Signed [Signature]

Contact Info (optional) jonesdrilling@hotmail.com