

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

APR 07 1988

ACK
 13585

SC # 0636
 375/2W-30a

WATER RESOURCES DEPT.

(1) OWNER:

Name Steve Offord
 Address 210 Coachman
 City Jacksonville State OR Zip 97530

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 315 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0 22	Cement	0 22	6 sacks	
6"	22 315				

How was seal placed: Method A B C D E

Other _____

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

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel				Plastic		Welded	Threaded
					Steel	Plastic	Welded	Threaded	Plastic	Welded		
	6"	+18	22	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS: None

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1 3/4		160	1 hr.
75		290	
		315	

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

Did any strata contain water not suitable for intended use? Too little

Salty Muddy Odor Colored Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Jackson Latitude _____ Longitude _____
 Township 375 N or S, Range 2W E or W, WM.
 Section 30 NE 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

18 ft. below land surface. Date 3-22-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 147

From	To	Estimated Flow Rate	SWL
147	148	1 gpm	
270	271	3 1/2 gpm	
295	300	7.5 gpm	18

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Clay with sand	0	18	
Sandstone - gray	18	240	
Basalt - black	240	270	
Quartz fracture	270	271	
Basalt - black	271	295	
broken basalt	295	300	18
basalt - black	300	315	

Date started 3-21-88 Completed 3-22-88

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Darryl Baker WWC Number 1478
 Date 3-23-88

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Wayne A. Sum WWC Number 1392
 Date 4-1-88

NO 0636
RECEIVED

"START CARD"

MAY 26 1988

NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

WATER RESOURCES DEPT.
SALEM, OREGON

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address Steve Offord
210 Coachman
Jacksonville OR 97530

Proposed Commencement Date _____

Proposed Well Depth less than 1000', Diameter 6"

and Use:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

Proposed Well Location: County Jackson

Township 37 (N or S) Range 2W (E or W) Section 30

1. 1/4 of 1/4 of above section

2. street address of well location _____

3. tax lot number of well location 400

4. attach approved map with location identified.
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

x Steve Offord
Owner's Signature

x [Signature]
Bonded Water Well Constructor

Title

License No. 1392

Date

Company Ashland

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.