RECEIVED
JACK 19938
MAR 11 1988
Jack 19938
38S/1E-30
deep.

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

Well Number: deep

(1) OWNER:
Name VALLEY VIEW MOBIL HAVEN
Address 939 VALLEY VIEW RD.
City ASHLAND   State ORE   Zip 97520

(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 164 ft.
Explosives used Yes ☐ No ☒   Type _____ Amount _____

| HOLE | | | SEAL | | | Amount |
Diameter	From	To	Material	From	To	sacks or pounds
			N/A			
6"	149	164				

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: DEEPENING

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	N/A				☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump   ☐ Bailer   ☒ Air   ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
12GPM	124	164	1 hr.

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 38S N or S, Range 1E E or W, WM.
Section 30 ¼ ¼
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME AS # 1

(10) STATIC WATER LEVEL:
40 ft. below land surface. Date 2-22-88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 40

From	To	Estimated Flow Rate	SWL
		12GPM	40

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
SANDSTONE, GREY HARD	149	164	40

Date started 2-22-88 Completed 2-22-88

(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.

WWC Number _____
Signed _____ Date _____

(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.

WWC Number 1207
Signed Joaquin Medina Jr Date 2-22-88

WHITE COPIES - WATER RESOURCES DEPARTMENT   YELLOW COPY - CONSTRUCTOR   PINK COPY - CUSTOMER   9809C 10/86

For Official Use Only:

Received Date:	County Well Log ID #	*19938	Well Identification Tag #

(JACK 53603)   36697

WELL IDENTIFICATION APPLICATION FORM

RECEIVED

NOV 2 4 1999

WATER RESOURCES DEPT. SALEM, OREGON

BUYER/CURRENT WELL OWNER:

Name: _JEFF M. MILLER_

Mailing Address: _PMB 102, 2305- C Ashland ST_

City: _Ashland_ State: _OR_ Zip: _97520_ Phone: _(541) 482-6104_

WELL LOCATION:

("JACK 53603")

County: _JACKSON_ Owner's Well Number: _#1_

Township: **38lE30** N or S, Range: _____ E or W, Section: _____ _____ 1/4 _____ 1/4

Tax Lot Number: _3000_ Type of Well: water supply ___✓___ monitoring _____

Street Address of Well (if different from above): _939 VALLEY VIEW Rd. Ashland_

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to: **Roger Wright**
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

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