

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

**RECEIVED**

AUG 22 1986

*Jack  
19985*

*385/1E 31C  
deep*

**WATER RESOURCES DEPT**

**(1) OWNER:**  
 Name POWELL DIST. CO. Owner's Well SALEN, OREGON  
 Address BOX 17110 KENYON STATION  
 City PORTLAND State OR Zip 97212

**(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 PUBLIC

**(5) BORE HOLE CONSTRUCTION:**  
 Depth of Completed Well \_\_\_\_\_ ft.  
 Special Standards date of approval \_\_\_\_\_  

HOLE meter	From		To		SEAL Material	From		To		Amount sacks or pounds

 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:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>4"</u>	<u>2</u>	<u>262 CL160</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Location of shoe(s) 4/A

**(7) PERFORATIONS/SCREENS:**  
 Perforations Method Saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>223</u>	<u>262</u>	<u>1/8x4</u>	<u>52</u>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>124</u>	<u>144</u>	<u>1/8x4</u>	<u>26</u>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Pumping level	Drill stem at	Time
<u>20</u>		<u>261</u>	<u>1 hr</u>

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 38 N or S, Range 1 E or W, WM.  
 Section 31 1/4 SW 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 2075 N. PACIFIC HWY  
ASHLAND < "THAT JOHN'S" RESTAURANT >

**(10) STATIC WATER LEVEL:**  
90 ft. below land surface. Date 7-13-86  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	WB?	SWL
<u>SHALE BLACK</u>	<u>82</u>			
<u>WITH BEARS AT 130</u>			<input checked="" type="checkbox"/>	
<u>AND</u>	<u>235</u>	<u>262</u>	<input checked="" type="checkbox"/>	
<u>PRIMARY AQUIFER</u>				
<u>AT 235</u>				

Date started 7-13-86 Completed 7-13-86

**(unbonded) Water Well Constructor Certification:**  
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
 Signed John L. Krum Date 7-14-86

**(bonded) Water Well Constructor Certification:**  
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.  
 Signed John L. Krum Date 8-11-86  
 Company ASHLAND DRILLING Co. Job No. \_\_\_\_\_