

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

OCT 09 1989

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(START CARD) #

6839

(1) OWNER:

Name RAY & GINNY FISHER Well Number: _____
Address 541 W. 15TH ST
City ESCONDIDO State CA Zip 92025

(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 262 ft.

Explosives used Yes ☐ No ☒ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	59	Cement	0	59	
6	59	262				

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:	6"	+1	59	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4"	+1	215	CL 160	☐	☒	☒	☐
					☐	☐	☐	☐

Final location of shoe(s) N/A AND RIVETED

(7) PERFORATIONS/SCREENS:

☒ Perforations Method SAW
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
195	215	6"	36	1/8		☐	☒
39	137	68"	148	1/8		☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
2		262	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 41S N or S, Range 2E E or W, WM.
Section 8 1/4 _____ 1/4 _____
Tax Lot 1500 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 13095 OLD HWY 99 S
(APPROX 3 1/2 MI BEYOND MT. ASHLAND SKI RD)

(10) STATIC WATER LEVEL:

70 ft. below land surface. Date 9-28-89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
136	138	2	

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
CLAY DARK BROWN STICKY	0	3	
CLAY BROWN SANDY (Gummy)	3	31	
CLAY GREY / BROWN	31	38	
CLAY BROWN	38	42	
VOLCANIC TUFF TAN	42	45	
CLAY GREY / BROWN	45	49	
VOLCANIC TUFF GREY	49	63	
" " TAN	63	71	
" " PURPLE	71	78	
" CLAYSTONE AND	78		
CLAY GREY		84	
VOLCANIC TUFF BLUE	84	108	
" CLAYSTONE WITH	108		
WHITE CLAY		110	
VOLCANIC BLUE / GREY	110	126	
" CLAYSTONE & GREY	126		
WITH WHITE CLAY		130	
VOLCANIC CLAYSTONE	130		
DARK BROWN		132	
VOLCANIC GREY	132	136	
VOLCANIC GREY / TAN HARD	136	138	
" BLUE / GREY	138	148	
" GREY HARD	148	150	

Date started 9-26-89 Completed 9-28-89

(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 _____ WWC Number _____
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.

Signed PIONEER DRILLING WWC Number 796
Date 9-29-89

4/5/2E/8

4/5/2E/8

4/5/2E/8