

#19

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.785)

JACK 30898

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JUL 15 1991

(START CARD) # 25411

34S/1W/1



(1) OWNER:

Name Dion Miller
Address POB 555
City Shady Cove State OR Zip 97539

Well Number: _____

(9) LOCATION OF WELL by legal description:

County Jackson Latitude _____ Longitude _____
Township 34S N or S, Range 1W E or W, WM.
Section 01 _____
Tax Lot 1804 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Corner of Erickson
and Hudspeth Ln

(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 165 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	43	Cement	0	43	14 Sacks
6"	43	165				

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	43	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	165	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of sheets) 43 1/2

(7) PERFORATIONS/SCREENS:

Perforations Method Skilsaw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
105	165	3/8x6	110			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
35		165	1 hr.

Temperature of water 53 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: _____

(10) STATIC WATER LEVEL:

42 ft. below land surface. Date 04-26-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 127

From	To	Estimated Flow Rate	SWL
127	131	35	42

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Clay	0	12	
sandy clay with gravel	12	23	
sand and gravel	23	31	
blue sandstone	31	127	
broken sandstone-Brown	127	131	42
red claystone	131	146	
brown claystone	146	152	
blue sandstone	152	165	

Date started 04-24-91 Completed 04-26-91

(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 [Signature] WWC Number 1478
Date 07-11-91