

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

Jack
 31339

JACK 31339, JAN 24 1992

348/lw/16

(START CARD) # 37049

(1) OWNER: Well Number _____
 Name Trans Box Systems
 Address P.O. Box 139
 City Shady Cove State OR Zip 97539

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

HOLE		SEAL		Material	Amount	
Diameter	From	To	From		To	sacks or pounds
10"	0	59	Cement	0	59	24 sacks
6"	59	510				

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	59.5	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	+1	510	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 59'6"

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
160	200	1/8x6	100	4"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
430	510	1/8x6	210	4"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
20		510	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of Water 54 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 34S N or S. Range 1W E or W. WM. _____
 Section 16 1/4 _____ 1/4 _____
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
20462 Sawyer Rd. Shady Cove

(10) STATIC WATER LEVEL:
100 ft. below land surface. Date 11-27-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 140

From	To	Estimated Flow Rate	SWL
140	320	20	100

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Brown Clay, River Rock	0	19	
Brown Claystone	19	39	
Gray Claystone	39	111	
Brown Claystone	111	140	
Granite & Quartz w/ Red Cynder	140	320	100
Brown Sandstone	320	396	
White Granite	396	510	

Date started 11-25-91 Completed 11-27-91

(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 Paul Rice WWC Number 1502
 Date 1-8-92

(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 1-8-92



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): Grey Oaks Development Inc.
Mailing Address: P.O. Box 697
City, State, Zip: Shady Cove, OR, 97539
Mailing Address (to send Well I.D.): I.D. Tag attached during Inspection
City, State, Zip:

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 34 (North/South) Range: 1 (East/West) Section: 16
Tax Lot: 200 County Jackson NW 1/4 NE 1/4
Street Address of Well, City: 20462 Sawyer Rd. Shady Cove OR 97539
Owner at time the well was constructed, (if known): Trans Box Systems
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring):
Date Well Constructed: Total Well Depth: Casing Diameter:
Other Information:

SUBMITTED BY (please print): Travis Kelly (SW Regional Well Inspector)
PHONE: 541-471-2886 ext. 226 FAX: 541-471-2876

Send application to Oregon Water Resources Department; 725 Summer Street NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Tuesday.

For Official Use Only by the Oregon Water Resources Department:
Received Date: Well Log Number: Jack 31339 Well Identification #: 95158