

JACK 31878
 STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

JACK 31878

AUG 24 1992

385/3W/34

(START CARD) # 44873

(1) OWNER: Well Number _____
 Name SUNSHINE VILLAGE WATER ASSN
 Address PO BOX 701
 City JACKSONVILLE State OR Zip 97530

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	79	CEMENT	0	79	17 1/2 SACKS
6	79	489				60# BENT

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
6"	+1	79	.25"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) 79 FT.

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 3/4 Drawdown _____ Drill stem at _____ Time 1 hr.

Temperature of Water 66° 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 3W E or W. WM.
 Section 34 1/4 _____ 1/4 _____
 Tax Lot 2102 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) NEAR NE CORNER OF UPPER STORAGE TANK, WELL FIELD, TUMBLEWEED TR

(10) STATIC WATER LEVEL:
140 ft. below land surface. Date 8-18-92
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
82	102	TRACE	25
202	242	3/4	25

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
SOIL WITH ROCK	0	6	
ROCK WEATHERED w/ BROWN CLAY	6	13	
CLAY BROWN	13	15	
ROCK WITH BROWN CLAY	15	48	
BASALTIC ROCK WEATH. FRACTURED w/ SILT	48	73	
BASALT DARK GREY	73	489	

Date started 8-16-92 Completed 8-18-92

(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 8-18-92