

14

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

JAN 11 1993

JACKSON
32216

388/1E/31

WATER RESOURCES DEPT.

(START CARD) # 40197

(1) OWNER: Well Number _____
Name BEAR VALLEY CENTER
Address 46 1257 SISKIYOU BLVD #232
City ASHLAND State OR Zip 97520

(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 USE

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 142 ft.
Explosives used Yes No Type _____ Amount _____

HOLE Diameter	From To		SEAL Material	From To		Amount sacks or pounds
10	0	24	CEMENT	-2	24	20/250X100#
			BENTONITE	0	-2	35#
6	24	142				

How was seal placed: Method A B C D E
 Other SURFACE PIPE

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	
				Steel	Plastic	Welded	Threaded	Plastic	Welded	Threaded	Plastic	Welded	Threaded
Casing: 6"	+1	24	250	<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"/>
Liner: 4"	-5	142		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

Final location of shoe(s) 24 FT 2 RIVETS

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
84	142	4-6"	120	1/8"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>25</u>		<u>142</u>	<u>1 hr.</u>
<u>2</u>		<u>FLOW</u>	

Temperature of Water 54° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom NIELSON RESEARCH
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 1E E or W. WM. _____
Section 31 1/4 _____ 1/4 _____
Tax Lot 1000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) ADJACENT (SOUTH) TO 1875 HWY 99 N

(10) STATIC WATER LEVEL:
FLOW ft. below land surface. Date 12-16-92
Artesian pressure 2 1/2 lb. per square inch. Date 12-17-92

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

From	To	Estimated Flow Rate	SWL
66	68	18	
112	112	4	
122	142	3	

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
CLAY BROWN WITH SAND AND ROCK (FILL)	0	4	
CLAY WITH GRAVEL	4	14	
GRAVEL WITH SAND AND CABBLES	14	18	
CLAYSTONE BROWN	18	19	
SANDSTONE GREY BRITTLE & CRUMBLY CREVICES AT 66, 112	19	142	

Date started 12-14-92 Completed 12-16-92

(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 PIOTR DEJLINSKI WWC Number 796
Date 12-17-92