

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

RECEIVED
OCT 25 1993

349/1w/16
55264

WATER RESOURCES DEPT.

(START CARD) # 55264

(1) OWNER: Well Number _____ SALEM, OREGON
Name Trans. Box
Address 20399 Sawyer Rd.
City Shady Cove State OR Zip 97159

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0 18	Bentonite	0 18	22 Sacks	
6"	18 160				

How was seal placed: Method A B C D E
 Other powder
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	54	7SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	160	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 54'

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	160	1/8	40	6"	4"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 100+ Drawdown _____ Drill stem at 140 Time 1 hr.

Temperature of Water 51° 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 34 N or S Range 1 E or W W.M.
Section 16 1/4 _____ 1/4 _____
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 20399 Sawyer Rd.

(10) STATIC WATER LEVEL:
35 ft. below land surface. Date 10/16/93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 90

From	To	Estimated Flow Rate	SWL
<u>90</u>	<u>160</u>	<u>100+</u>	<u>35</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Clay & gravels</u>	<u>0</u>	<u>11</u>	
<u>Fractured bedrock</u>	<u>11</u>	<u>160</u>	<u>35</u>

Date started 10/16/93 Completed 10/16/93

(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 Dennis J. Parker WWC Number 1535
Date 10/21/93

(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 Randy E. Keller WWC Number 1379
Date 10/21/93



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: 20399 Sawyer Rd. Shady Cove, OR 97539
Owner at time the well was constructed, (if known): Trans Box
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 32812 Well Identification #: 95157