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

JACK 32837

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OCT 29 1993 DEC - 3 1993

(START CARD) # 57292

WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Dan Kellog, Well Number, Address 2132 Sardine Cr. Rd., City Gold Hill, State OR, Zip 97525

(2) TYPE OF WORK: [X] New Well, [] Deepen, [] Recondition, [] Abandon

(3) DRILL METHOD: [X] Rotary Air, [] Rotary Mud, [] Cable, [] Other

(4) PROPOSED USE: [X] Domestic, [] Community, [] Industrial, [] Irrigation, [] Thermal, [] Injection, [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No, Depth of Completed Well 70 ft., Explosives used [] Yes [X] No

Table with columns: HOLE Diameter, SEAL Material, Amount sacks or pounds. Row 1: 10, 0, 50, Bentonite, 0, 18, 9 sacks. Row 2: 6, 50, 70, , , ,

How was seal placed: Method [] A [] B [] C [] D [] E, [] Other poured. Backfill placed from 18 ft. to 50 ft. Material P 1/2. Gravel placed from 18 ft. to 50 ft. Size of gravel P 1/2.

(6) CASING/LINER: Casing: Diameter 6, From +2, To 50, Gauge 1/4, Steel [X], Plastic [], Welded [X], Threaded []. Liner: Recommended.

(7) PERFORATIONS/SCREENS: [X] Perforations Method Air Perforator, [] Screens Type Holt Material

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Row 1: 35, 46, 2, 60, 1/8, [X], []

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump, [] Bailer, [X] Air, [] Flowing Artesian. Yield gal/min 90, Drawdown, Drill stem at 69, Time 1 hr.

Temperature of Water 57, 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: Legal description: County Jackson, Latitude, Longitude, Township 36S, N or S. Range 3W, E or W. WM., Section 04, Tax Lot 500, Lot, Block, Subdivision, Street Address of Well (or nearest address) 2180 Sardine Cr. Rd. Gold Hill OR

(10) STATIC WATER LEVEL: 20 ft. below land surface. Date 10/20/93. Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 37

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 37, 46, 12, . Row 2: 53, 65, 78, 20

(12) WELL LOG: Ground elevation

Table with columns: Material, From, To, SWL. Row 1: Clay, Brown, 0, 7. Row 2: Basalt, Black, 7, 31. Row 3: Basalt, Fract. Black, 31, 65. Row 4: Basalt, Black, 65, 70, 20

Date started 10/20/93 Completed 10/20/93

(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 John Strubben, 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 John Strubben, WWC Number 679, Date 10/27/93



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

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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): Kellogg Kin Inc, Dan Kellogg - President
 Mailing Address: 2132 Sardinia Creek Rd.
 City: Gold Hill State: Oregon Zip: 97525
 Mailing Address (to send Well I.D.): same as above
 City: _____ State: _____ Zip: _____

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

Township: _____ (North/South) Range: _____ (East/West) Section: _____
 Tax Lot: _____ County: _____ 1/4 _____ 1/4
 Street Address of Well: _____ City: _____
 Owner at time the well was constructed, (if known): _____
 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): _____
 PHONE: _____ FAX: _____

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

<i>For Official Use Only by the Oregon Water Resources Department:</i>		
Received Date: _____	Well Log Number: <u>JACK 32837</u>	Well Identification #: <u>11109</u>

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APR 30 2012

WATER RESOURCES DEPT
 SALEM, OREGON