

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

RECEIVED
 JACK 336
 DEC 05 1989

36S/1E/31ca
 (START CARD) # 15439

(1) OWNER: Name James + Peggy Lamboulet
 Address 4000 Annapolis Rd.
 City Eagle Point State OR Zip 97524

Well Number: _____
 LOCATION OF WELL by legal description:
 County WASCO Latitude _____ Longitude _____
 Township 36S N or S, Range 1E E or W, WM.
 Section 31 NE 1/4 SW 1/4 Sec 31
 Tax Lot 1100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 4000 Annapolis Rd.
Eagle Point, Ore

(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 300' ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
10"	0 20'	Cement	0 20'	7 1/2 sk
6"	20 300'			

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	76'	.252	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner 4"	0	300'	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Saw Cut
 Screens Type 3" Material PVC 160

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100'	300'	12"	60	1 1/4"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 30 Drawdown 300' Drill stem at 300' Time 1 hr.

Temperature of water _____ 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: _____

(10) STATIC WATER LEVEL:
62' ft. below land surface. Date 11-10-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 276'

From	To	Estimated Flow Rate	SWL
276'	277'	30	62

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
CLAY	0	3	
CLAYSTONE	3	12	
SANDSTONE	12	15	
SANDSTONE	15	76	
SANDSTONE	76	210	
SANDSTONE	210	276	
SANDSTONE	276	277	62
SANDSTONE	277	300	

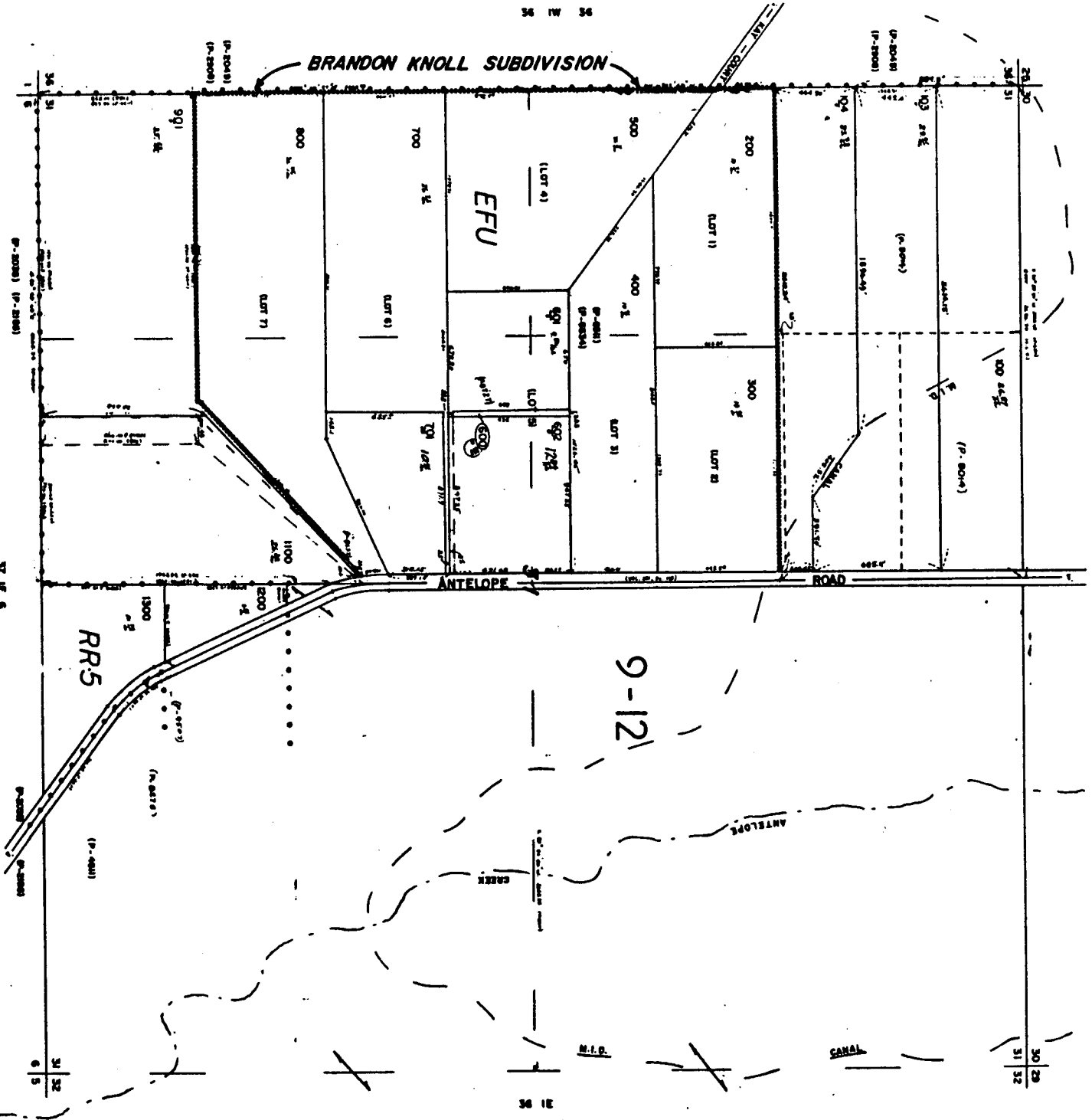
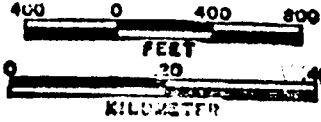
Date started 11-10-89 Completed 11-11-89

(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 _____ WWC Number 1457
 Date 12-3-89

JACK 336

SCALE 1:9600



SEC. 31 TWP 36S. R.1E. W.M.

SCALE 1" = 400'

36 E 30

36 E 31

LAYBOURNÉ - 36-1E-31

JACKSON T111