

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

Instructions for completing this report are on the last page of this form.

(START CARD) # 67092

(1) OWNER: EMMAU-VALLEY VIEW LANDFILL Well Number _____
Name EMMAU-VALLEY VIEW LANDFILL
Address 170 OAK
City Ashland State OR Zip 97520

(2) TYPE OF WORK
☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other

(4) PROPOSED USE:
☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

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

HOLE SEAL
Diameter From To Material From To Sacks or pounds
16" 0 27 BETONITE 0 27 14
6" 27 320

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED DRY

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 27 25 ☒ ☐ ☒ ☐
Liner: 4" 0 320 ☐ ☒ ☒ ☐

Final location of shoe(s)
(7) PERFORATIONS/SCREENS:

☒ Perforations Method SKILL SAW
☐ Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner
260 320 1/8" x 6 120 _____ _____ ☐ ☒

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailor ☒ Air ☐ Flowing
Yield gal/min Drawdown Drill stem at Time
75 _____ 320 1 hr.

Temperature of water 62° 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 38 S N or S Range 1E E or W. WM. _____
Section 17 1/4 _____ 1/4 _____
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

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

From	To	Estimated Flow Rate	SWL
<u>299</u>	<u>301</u>	<u>75 gpm</u>	<u>89</u>
RECEIVED			
APR - 3 1995			

(12) WELL LOG: Ground Elevation WATER RESOURCES DEPT.
SALEM, OREGON

Material	From	To	SWL
<u>BROWN CLAY</u>	<u>0</u>	<u>6</u>	
<u>TAN CLAY</u>	<u>6</u>	<u>11</u>	
<u>TAN CLAYSTONE</u>	<u>11</u>	<u>16</u>	
<u>TAN SILTSTONE</u>	<u>16</u>	<u>19</u>	
<u>GREY-GREEN SILTSTONE</u>	<u>19</u>	<u>22</u>	
<u>GREY CLAYSTONE</u>	<u>22</u>	<u>63</u>	
<u>TAN CLAYSTONE</u>	<u>63</u>	<u>73</u>	
<u>GREY CLAYSTONE</u>	<u>73</u>	<u>92</u>	
<u>TAN CLAYSTONE</u>	<u>92</u>	<u>109</u>	
<u>GREY CLAYSTONE</u>	<u>109</u>	<u>129</u>	
<u>GREY + RED CLAYSTONE</u>	<u>129</u>	<u>132</u>	
<u>GREY CLAYSTONE</u>	<u>132</u>	<u>138</u>	
<u>GREY CLAYSTONE W/ GRAFITE</u>	<u>138</u>	<u>161</u>	
<u>BROKEN GREY CLAYSTONE</u>	<u>161</u>	<u>163</u>	
<u>GREY CLAYSTONE W/ GRAFITE</u>	<u>163</u>	<u>180</u>	
<u>GREY + RED CLAYSTONE WITH GRAFITE</u>	<u>180</u>	<u>191</u>	
<u>GREY CLAYSTONE WITH GRAFITE</u>	<u>191</u>	<u>199</u>	

Date started 8/15/94 Completed 8/16/94

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed [Signature] WWC Number 1604 Date 12/1/94

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] WWC Number 1478 Date 12/1/94

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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(START CARD) # 383/1E/17
67092 PAGE 2

(1) OWNER: Well Number
Name EMCON- VALLEY VIEW LANDFILL
Address 170 OAK
City Ashland State OR Zip 97520

(2) TYPE OF WORK
☐ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other

(4) PROPOSED USE:
☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

From		To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
								☐	☐
								☐	☐
								☐	☐
								☐	☐
								☐	☐

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

☐ Pump	☐ Bailer	☐ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian

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: _____

(9) LOCATION OF WELL by legal description:
County JACKSON Latitude _____ Longitude _____
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Section 17 1/4 1/4
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

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

From	To	Estimated Flow Rate	SWL
		APR - 3 1995	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
GREY/RED CLAYSTONE	199	209	
GREY/RED CLAYSTONE WITH GRAFITE	209	223	
TAN CLAYSTONE W/ GRAFITE	223	227	
GREY CLAYSTONE W/ GRAFITE	227	242	
YELLOW SANDSTONE	242	257	
GREY SANDSTONE	257	260	
YELLOW/ BROWN SANDSTONE W/ GRAFITE	260	264	
GREY SANDSTONE W/ GRAFITE	264	266	
GREY + RED CLAYSTONE W/ GRAFITE	266	271	
GREY CLAYSTONE	271	299	
GREY/RED SANDSTONE FRACTURE	299	301	89
GREY/RED SANDSTONE	301	311	
BROKEN GREY/RED SANDSTONE	311	312	
GREY/RED SANDSTONE	312	320	

Date started 8/15/94 Completed 8/16/94

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Signed _____ WWC Number 1478 Date 12/1/94