

Jack 52079 RECEIVED

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STATE OF OREGON JAN 27 1998

WATER WELL REPORT

(as required by ORS 537.700) WATER RESOURCES DEPT.

(START CARD) # 87343

RECEIVED JAN 22 1998

Instructions for completing this form are on the back page of this form

(1) OWNER:

Name Dennis Dodd Well Number _____ Address 13650 Bora Drive City Santa Fe Springs State CA Zip 90670

(9) LOCATION OF WELL by legal description:

Section 19A N or S Range 03W E or W. WM. Tax Lot 2703 Lot _____ Block _____ Subdivision _____ Street Address of Well (or nearest address) 97 Rogue River Hwy, Gold Hill

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

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Sacks or pounds. Row 1: 10, 0, 18, Bentonite, 0, 18, 7 sacks. Row 2: 6, 18, 125

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:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 6, +2, 74, 250, [X], [], [X], []. Liner: [], [], [], [], [], [], [], []

Final location of shoe(s) 74

(7) PERFORATIONS/SCREENS:

Table with columns: From, To, Slot size, Number, Diameter, Material, Tele/pipe size, Casing, Liner. Includes checkboxes for Perforations and Screens.

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

Table with columns: Pump/Bailer/Air/Artesian, Yield gal/min, Drawdown, Drill stem at, Time. Row 1: 24, [], 70, (1 hr.)

Temperature of water 55 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:

16 ft. below land surface. Date 12-31-97 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 89, 92, 11, 16. Row 2: 118, 121, 13, 16

(12) WELL LOG:

Table with columns: Material, From, To, SWL. Log entries include Brown clay, Gray gravel, and sand layers with depths.

Date started 12-30-97 Completed 12-31-97

(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 1659 Date 12-31-97

(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 675 Date 1-5-98