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OCT 14 1999

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

JACK 53522

WELL I.D. # L 33343

WATER RESOURCES DEPT. SALEM, OREGON
START CARD # 123008

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

(1) OWNER: Well Number _____
Name TEMPLE EMER SHALOM
Address PO BOX 1092
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 PUBLIC

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 404 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL			
Diameter	From To	Material	From To	Sacks or pounds	
10"	0 38 1/2	BEW. CHMS	0 38 1/2	21 SACKS	
6"	38 1/2 404				

How was seal placed: Method A B C D E
 Other ROTTED DRY
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6"	0	38 1/2	280	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	-2 1/2	404	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 38 1/2 FT 2 RWETS

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
324	404	6"	148	1/8"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 36 Drawdown _____ Drill stem at _____ Time 1 hr.

Temperature of water 56° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? NOV 18 1999
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

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WATER RESOURCES DEPT.
SALEM, OREGON

(9) LOCATION OF WELL by legal description:
County JACKSON Latitude _____ Longitude _____
Township 39S N or S Range 1E E or W. WM.
Section 11 SW 1/4 NW 1/4
Tax Lot 1900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1800 E. MAIN. ASHLAND

(10) STATIC WATER LEVEL:
23 ft. below land surface. Date 9-4-99
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
374	375	36	23

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
CLAY DARK BROWN	0	3	
CLAY BROWN w/ SMALL GRAVEL	3	4	
GRAVEL, SAND, BOWLDERS	4	11	
GRAVEL MEDIUM w/ SILT	11	18	
SHALE BLACK FRACTURED OR AS GRAVEL		22	
CLAYSTONE GREY STICKY	22	374	
SANDSTONE GREY FINE	374	380	23
CLAYSTONE DARK GREY	380		
BEETLE		387	
CLAYSTONE GREY STICKY	387	404	
YIELD TESTS			
DEPTH	GPM		
303 FT	34GPM		
202 FT	28GPM		
122 FT	19GPM		
102 FT	15GPM		

Date started 9-1-99 Completed 9-4-99

(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.
WVC Number _____
Signed _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WVC Number 796
Signed PLANNED DRILLING Date 9-4-99