

JACK
54240

STATE OF OREGON JAN 3 1 2001
WATER SUPPLY WELL REPORT
(as required by ORS 517.255)
WATER RESOURCES DEPT.
Instructions for completion are on the reverse side of this form.

WELL I.D. # 45931
START CARD # 135944

(1) OWNER: Well Number _____
Name LDS Church
Address 111 No. CLAY
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 243 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	43	BAW, CAS	0	27 1/2	33 SACKS
6"	43	243		27 1/2	43	4 SACKS

How was seal placed: Method A B C D E
 Other POURED GROUT
Gravel 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"	0	43	200	RS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 43 FT

(7) PERFORATIONS/SCREENS:

Perforations	Method	Material	Flowing
Type	Type	Artesian	Flowing
<input type="checkbox"/> Perforations			<input type="checkbox"/>
<input type="checkbox"/> Screens			<input type="checkbox"/>

Pressure: RECEIVED
MAY 11 2001

WATER RESOURCES DEPT.
SALEM, OREGON

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

Pump Boiler Air Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
60 _____ 243 _____
Temperature of water 52° Depth Artesian Flow Found _____
Was a water analysis done? Yes No
Did any strata contain water not suitable for secondary use? Too little
 Salty Murky Odor Colored Other SUBMIT
Depth of strata: 0-35

(9) LOCATION OF WELL by legal description:
County JACKSON Latitude _____ Longitude _____
Township 39S N or S Range 1E E or W. WM. _____
Section 11C0 NW 1/4 SW 1/4
Tax Lot 2000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address)
111 No. CLAY ST

(10) STATIC WATER LEVEL:
50 ft. below land surface Date 1-19-01
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
137	139	14	20
163	183	16	50
196	203	10 (EST.)	50
208	209	20 (EST.)	50

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL BROWN	0	2	
CLAY TAN SANDY	2	16	
GRANITE WEATH. ORNG	16		
#GREY		22	
COGUMBERATE TAN/BEN	22	27	
GRAND MED. SMALL	27		
W SAND & COBBLES		35	
SANDSTONE GREY	35		
COBBLES 137-139			
BROKEN SILTSTONE OR			
FINE SANDSTONE 196-198			
COBBLES AT 208-209		243	

PUMPING LEVEL TESTS

DEPTH	GAM	DURATION
202	60	1/2 HR
162	60	1/2 HR
142	50	1/2 HR
122	40	1 1/2 HR

Date started 1-15-01 Completed 1-19-01
(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 _____ 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 date 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 FRANCIS DEWILING WWC Number 796
Date 1-19-01