

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

JACK 55157

WELL ID # L53485

(START CARD) # 143669

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

(1) OWNER: Well Number: _____
 Name **USDA Forest Service**
 Address **PO Box 520**
 City **Medford** State **OR** Zip **97501**

(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 **200** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
10	0	98	cement	0	98	31 sacks	
6	98	200					

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	+2	98	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	0	200	sch40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **98**

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type **monflex** Material **pvc**

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
180	200	.030				<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
11	200	200	1 hr.

Temperature of Water **58** 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 **40S** N or S. Range **3W** E or W. of WM.
 Section **35** NW 1/4 **SE** 1/4
 Tax lot **n/a** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **Squaw Lake Campground**

(10) STATIC WATER LEVEL:
44 ft. below land surface. Date **10/31/2001**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **174**

From	To	Estimated Flow Rate	SWL
174	182	11	44

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
top soil	0	19	
schist	19	69	
broken calcate	69	72	
schist	72	174	
broken calcate	174	182	44
schist	182	200	

RECEIVED

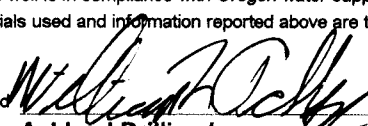
DEC 03 2001

WATER RESOURCES DEPT.
 SALEM, OREGON

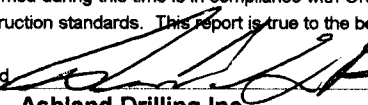
ASHLAND DRILLING
 ALL AMERICAN PUMPS
 600 South Pacific Hwy
 Talent, OR 97540
 (541) 488 2827

Date started **10/30/2001** Completed **10/31/2001**

(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 my best knowledge and belief.

Signed  WWC Number **1657**
 Date **11/27/2001**
Ashland Drilling Inc.

(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  WWC Number **1478**
 Date **11/27/2001**
Ashland Drilling Inc.