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JACK 55479

STATE OF OREGON

JUN 27 2002

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 51680

START CARD # 123648

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

(1) LAND OWNER

Name Rogue Aggregates, Inc. Well Number 01
Address P.O. Box 4430
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 450'
Explosives used Yes No Type Amount

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Bags or pounds. Includes handwritten entries for 14" diameter, cement seal, and 14 bags.

How was seal placed: Method A B C D E
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. Lists casing and liner specifications.

(7) PERFORATIONS/SCREENS:

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes handwritten entries for perforations.

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

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Includes handwritten test results.

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? Too little
Salty Muddy Odor Colored Other
Depth of strata:

(9) LOCATION OF WELL by legal description:

County Jackson Latitude Longitude
Township 39 N or S Range 02 E or W. WM.
Section 05 NE 1/4 SE 1/4
Tax Lot 400 Lot Block Subdivision
Street Address of Well (or nearest address) 2110 Dead Indian Memorial Rd. (Quality Rock) Ashland, O

(10) STATIC WATER LEVEL:

120' ft. below land surface. Date 5/8/02
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES:

Table with columns: From, To, Estimated Flow Rate, SWL. Includes handwritten entry for 210' depth and 150 gpm flow rate.

(12) WELL LOG:

Table with columns: Material, From, To, SWL. Lists geological layers from 0' to 398'.

Date started 5/8/02 Completed 5/8/02

(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.

Signed Date WWC Number

(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.

Signed Date WWC Number

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

WELL I.D. # L 51680
 START CARD # 123648

pg. 2

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

(1) LAND OWNER Well Number _____
 Name _____
 Address _____
 City _____ State _____ Zip _____

(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 _____

Diameter	HOLE		Material	SEAL		Sacks or pounds
	From	To		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:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

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 _____ Latitude _____ Longitude _____
 Township _____ N or S Range _____ E or W. WM.
 Section _____ 1/4 _____ 1/4
 Tax Lot _____ 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

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
purple blue red conglomerate	398'	420'	
purple grey green cong.	420'	435'	
purple grey green blue red conglomerate	435'	450'	120'

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WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 5/18/02 Completed 5/18/02

(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 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 _____
 Date _____