

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

MAY 12 2003

WATER RESOURCES DEPT.
 SALEM, OREGON

WELL I.D. # L 63162
 START CARD # 154563

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

(1) LAND OWNER Well Number _____
 Name ASHLAND Public Schools
 Address 885 SISKIYOU BLVD
 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 279 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	58 1/4	BENTONITE	0	58 1/4	23 3/4 SACKS	
6"	58 1/4	281					

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1 3/4	58 1/4	1.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	-3 1/2	279	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 58 1/4 FT 2 SKWETS

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
199	279	6"	144	3/32		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing <input type="checkbox"/> Artesian Time
26		281	1 hr.

Temperature of water 54° 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 TOO SHALLOW
 Depth of strata: 11-15

(9) LOCATION OF WELL by legal description:
 County JACKSON Latitude _____ Longitude _____
 Township 39S N or S Range 1E E or W. WM.
 Section 10B NW 1/4 NE 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) WILLOW WIND COMM. LIEBOWITZ CIR. 1497 E. MAIN. WELL LOCATED AT END SEENA LN.

(10) STATIC WATER LEVEL:
38 ft. below land surface. Date 4-25-03
 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
256	261	22	38
261	281	4	38

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
CLAY BROWN	0	3	
ROCK BROWN/BLACK	3	7	
CLAYSTONE GREY FRACTD	7	15	
SILTSTONE DARK GRAY	15		
BRITTLE		234	
CLAYSTONE GREY STICKY	234	256	
CLAYSTONE DARK GREY	256		
HARD, HIGHLY FRACTURED CAVING		260	
CLAYSTONE DARK GRAY	260		
BRITTLE		281	

PUMPING LEVEL TESTS -
 160 FT 22 GPM
 100 FT 17 1/2 GPM

Date started 4-24-03 Completed 4-25-03

(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.
 WWC 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.
PLUMBER DRILLING WWC Number 796
 Signed James Date 4-25-03