

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

WELL I.D. # L 78700

START CARD # 171028

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

(1) **LAND OWNER** Well Number _____
 Name Vail Plumbing
 Address PO Box 640
 City Gold Hill State Or Zip 97525

(2) **TYPE OF WORK** ☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) **DRILL METHOD**
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) **PROPOSED USE**
☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) **BORE HOLE CONSTRUCTION** Special Construction: ☐ Yes ☒ No
 Depth of Completed Well 300 ft.
 Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10"	0	51	Cement	0	51	19 Sacks
6"	51	300				

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"	+1	51	250	☒	☐	☒	☐
Liner:	4"	0	300	160	☐	☒	☒	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
 Final location of shoe(s) 51

(7) **PERFORATIONS/SCREENS**
☒ Perforations Method Saw
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
200	280	1/8x8	72			☐	☒

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

Yield gal/min	Drawdown	Drill stem at	Time
8 1/2 GPM		300	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 (legal description)**

County Jackson
 Tax Lot 1601 Lot _____
 Township 34 S Range 1 W WM
 Section 22 NW 1/4 SW 1/4
 Lat _____ or _____ (degrees or decimal)
 Long _____ or _____ (degrees or decimal)

Street Address of Well (or nearest address) 20096 Hwy 62
Shady Cove, Or

(10) **STATIC WATER LEVEL**

129 ft. below land surface. Date 5-10-06
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES**

From	To	Estimated Flow Rate	SWL
238	261	8 1/2 GPM	129

(12) **WELL LOG**

Material	From	To	SWL
Soil, Brown	0	2	
Volcanic Tuff, Brown	2	19	
Volcanic Tuff, Grey/Soft	19	22	
Volcanic Tuff, Grey/Brown/Soft	22	46	
Volcanic Tuff, Grey/Brown	46	89	
Volcanic Tuff, Grey	89	101	
Volcanic Tuff, Grey/Brown	101	144	
Volcanic Tuff, Grey	144	238	
Volcanic Tuff, Grey/Brown	238	245	
Volcanic Tuff, Grey	245	260	
Volcanic Tuff, Grey/Brown/Soft	260	267	
Volcanic Tuff, Grey	267	300	129

Date Started 5-09-06 Completed 5-10-06

(unbonded) **Water Well Constructor Certification**

I certify that the work I performed on the construction, deepening, 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 1857 Date 5-10-06

Signed _____

(bonded) **Water Well Constructor Certification**

I accept responsibility for the construction, deepening, 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.

WWC Number 1207 Date 5-10-06

Signed _____

ORIGINAL - WATER RESOURCES DEPARTMENT

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER

06/16/2004

RECEIVED

MAY 15 2006

WATER RESOURCES DEPT
SALEM, OREGON