

JACK 60733

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 101070

START CARD # 1011920

(1) LAND OWNER Owner Well ID: CAMPGROUND WELL

First Name SUZANNE Last Name WILLOW
Company WILLOW - WITT RANCH
Address 658 SHALE CITY RD
City ASHLAND State OR Zip 97520

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

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

(4) PROPOSED USE

☐ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☒ Other PUBLIC USE

(5) BORE HOLE CONSTRUCTION Special Standard ☐ Attach copyDepth of Completed Well 282 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10"	0	25 1/2	BENT. CHIPS	0	35	17	5WS
8"	25 1/2	38 1/2					
6"	38 1/2	282					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other POURED DRYBackfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: ☐ Yes Type Amount

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Sil	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6"	<input checked="" type="checkbox"/> 1 1/2	<input checked="" type="checkbox"/> 38 1/2	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 38 1/2 FTTemp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method Screens Type Material

Perf/	Casing/	Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing ArtesianYield gal/min 7 1/2 Drawdown Drill stem/Pump depth 282 Duration (hr)

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Temperature 56 °F Lab analysis ☐ Yes By Water quality concerns? ☐ Yes (describe below)

From	To	Description	Units

(9) LOCATION OF WELL (legal description)

County JACKSON Twp 38S N/S Range 2E E/W WMSec 10 NW 1/4 of the NW 1/4 Tax Lot 2800Tax Map Number Lot Lat 42.28526 N DMS or DDLong 122.57717 W DMS or DD☒ Street address of well ☐ Nearest address658 SHALE CITY RD

(10) STATIC WATER LEVEL

Date 10-22-10 SWL(psi) + SWL(ft) 55Existing Well / Predeepening Completed Well 10-22-10Flowing Artesian? ☐ Dry Hole? ☐WATER BEARING ZONES Depth water was first found 82-102

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10-22-10	82	102	1+		55
	102	122	3/4+		
	162	182	2		
	192	202	1+		
	242	282	2 1/2		

(11) WELL LOG

Ground Elevation 4746

Material	From	To
SOIL DARK BROWN	0	3
CLAY BROWN	3	9
VOLCANIC BROWN HARD	9	22
BASALT GREY	22	46
VOLCANIC PURPLE BROWN w/ GREY	46	64
VOLCANIC GREY	64	113
VOLCANIC BROWN/GREY	113	127
BASALT GREY	127	154
VOLCANIC BROWN & GREY	154	166
VOLCANIC RED BROWN (WALDED CINDERS)	166	174
VOLCANIC BROWN	174	183
VOLCANIC GREY	183	217
VOLCANIC BROWN	217	231
VOLCANIC GREY	231	237
VOLCANIC BROWN w/ GREY	237	282

Date Started 10-21-10 Completed 10-22-10

(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.

License Number Date Password: (if filing electronically) 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.

License Number 796 Date 10-22-10Password: (if filing electronically) Signed Contact Info (optional)

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK.
SALEM, OREGON

RECEIVED

Form Version: 0.88

JAN 24 2011

WATER RESOURCES DEPT
SALEM, OREGON

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Depth of Completed Well 282 ft.

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☒ Other POURED DRY
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
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Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 38 1/2 FT
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min 7 1/2 Drawdown 282 Drill stem/Pump depth 282 Duration (hr) _____

Temperature 56 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) _____
From _____ To _____ Description _____ Units _____
RECEIVED
JUL 28 2010

(9) LOCATION OF WELL (legal description)
County JACKSON Twp 38S N/S Range 2E E/W WM
Sec 10 NW 1/4 of the NW 1/4 Tax Lot 2800
Tax Map Number _____ Lot _____
Lat _____ ° 0' _____ " or 42.28526 N DMS or DD
Long _____ ° 0' _____ " or 122.57717 W DMS or DD
☒ Street address of well ☐ Nearest address

658 SHALE CITY RD

(10) STATIC WATER LEVEL Date 10-22-10 SWL(psi) + SWL(ft)
Existing Well / Predeepening _____
Completed Well _____
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found

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Password: (if filing electronically) _____
Signed _____

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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.
License Number 796 Date 10-22-10
Password: (if filing electronically) _____
Signed Phil Kram
Contact Info (optional) _____