STATE OF OREGON	BEG	EJVED	JACK	5< ^{₱,4}	208	8
WATER WELL REPORT (as required by ORS 537.765)		27 1988 9	041 -	365/31	1)-0	2700
1) OWNER:					<u>.</u>	
Name Jon McDermott	Well Number: WATER RES SALEM	OURCES DEPT	CKSOP		tion:	1 12
Address 2848 Rosemont	SALEN	ORECON Township	<u>365</u> NorS, Range <u>30</u>	Longitue	deW	WM
<u>Sity Medfrod</u> State	<u>Ore.</u> Zip 9750	$\frac{1}{1}$ Section 27	Nor 5, Italige SW_ 14	SW 14	E 0F W	, ** 141.
2) TYPE OF WORK:		Tax Lot 16	02Bloc	sub	division	-
New Well Deepen Recondition	Abandon	Street Address	of Well (or nearest address) .	<u>8321 Old</u>	Sta	<u>ge Rd</u>
3) DRILL METHOD		Ce	<u>ntral Point,</u>	Jre. Gold	-	
Rotary Air 🗌 Rotary Mud 🗌 Cable	· · ·		C WATER LEVEL		Par	
Other			_ ft. below land surface.		5/9/	88
4) PROPOSED USE:	—	Artesian press	ure lb. per sq	uare inch. Date	-	
] Domestic" 🖄 Community 🔲 Industrial] Thermal 👘 Injection 👘 Other	Irrigation	(11) WATE	R BEARING ZONI	ES:		
	Ν Υ	Depth at which wate	er was first found	48'		
BORE HOLE CONSTRUCTIO	h of Completed Well 300	4 -	То	Estimated Flo	w Rate	SWL
Yes No 🗀 🖾		48		10		22
xplosives used 🔲 🔀 Type	Amount	- 63	66	14		22
HOLE SEAL Diameter From To Material From	Amount	12	0 122	6		22
2 0 35 Cement 0	a To sacks or pound 35 14 Sac					
8" 35 300		(12) WELL	LOG: Ground eleva	tion		
		_ [Material	From	To	SWL
		- Soil Bro	าพท	0	7 -	
ow was seal placed: Method \Box A \Box B $\widecheck{\Delta}$ C		Clay Bro		7	36	
Otherft. to ft. Mat	terial		<u>Gravel Med-Br</u>		54	22
ravel placed fromft. toft. Size		- Basalt (Gray	54	300	22
6) CASING/LINER:		=				
Diameter From To Gauge Steel	Plastic Welded Thread	d				
asing: 8" +2 78' 250 🕅						
		-				
iner:						
		· · · · · · · · · · · · · · · · · · ·				
location of shoe(s)78 '		_]				
PERFORATIONS/SCREENS:		-				
A Perforations Method Holte	Air Perforato	<u>r</u>				
Screens Type	Material					
	ele/pipe				<u> </u>	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	size Casing Liner					<u> </u>]
			· · · · · · · · · · · · · · · · · · ·			
						<u> </u> [
		Date started 576	5/88Con	pleted57	9788	
		- (unbonded) Wat	er Well Constructor Ce	ertification:		
B) WELL TESTS: Minimum testing	time is 1 hour Flowing	I certify that	t the work I performed o	on the constructi		
🗌 Pump 🗌 Bailer 🕅 Air	Artesian	standards. Materi	this well is in compliane als used and information	ce with Uregon reported above ai	weil cons re true to	struction my best
Yield gal/min Drawdown Drill ster	mat Time	knowledge and bel	ief.			-
30 300	1 hr.	Gribble	Well Drillin	g WWC Nu	mber	······
		- Signed	· · · · · · · · · · · · · · · · · · ·	Date		
			Well Constructor Certi		_	
	tesian Flow Found		onsibility for the constru n this well during the con			
as a water analysis done? 🗌 Yes By whom 🔔	F	– work performed	during this time is in	n compliance w	ith Oreg	gon well
id any strata contain water not suitable for intended us		construction stand belief.	dards. This report is true		-	^~ .
] Salty 🗋 Muddy 🗋 Odor 🗍 Colored 🔲 Othe	r	-	Mill. 1	WWC Nu	mber 🧾	105
epth of strata:		Signed Signed		<u> </u>	10/8	

SOURCES DEPARTMENT WAT n nr

YELLOW COPY - CONSTRUCTOR

PINK COPY - CUSTOMER

9809C 10/86

JACK 9091

Nº,4208

6. 1 14

"START CARD" NOTICE OF BEGINNING OF WELL CONSTRUCTION (as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and	Jon Mc Dermott					
Mailing Address	2848 Rosemont Dr					
	Modford Ore, 97504					
Proposed Commence	ement Date <u>5-6-88</u>					
Proposed Well Depth and Use:	, Diameter	,				
Domestic Thermal	Community Industrial Injection Other					
Proposed Well Locati	ion: County Jeckson					
Township <u>36</u>	S (N or S) Range 3 (S (E or W)	Section 27				
	1. <u>Sty</u> 1/4 of <u>Sty</u> 1/4 of above section 2. street address of <u>Gold Stage</u> Mobile					
At least 2 of these	2. street address of <u>Gold Stage</u> Mobile well location <u>8321 Old Stage Rd</u>	Central Point Ore, 9502				
must be provided	3. tax lot number of well location					
	 attach approved map with location identified. (see reverse of this form for approved maps) 					

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

 Owner's Signature	
Title	
1118	
·	
Date	

97- Milkowth. Bonded Water Well Constructor

License No. <u>205</u> Company Gribble Woll Dr. 1/17

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.

Form 537.762 1987