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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 431945
START CARD # 123303

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

(1) OWNER: Well Number 123303
Name Rick Schiller
Address P.O. Box 3130
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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 160 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>10"</u>	<u>0</u>	<u>45</u>	<u>Bentonite</u>	<u>0</u>	<u>45</u>	<u>25</u>
<u>6"</u>	<u>45</u>	<u>180</u>				

How was seal placed: Method A B C D E
 Other Bentonite

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:	<u>6"</u>	<u>+1</u>	<u>160</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 160

(7) PERFORATIONS/SCREENS:

Perforations Method TORCH
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Liner
<u>140</u>	<u>160</u>	<u>3/16x6</u>	<u>60</u>			<input checked="" 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
<u>13</u>		<u>160</u>	<u>1 hr</u>

Temperature of water 53° 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 Josephine Latitude _____ Longitude _____
Township 39 N or S Range 8 E of W. WM.
Section 22 NW 1/4 SW 1/4
Tax Lot 1100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 138 N. Old Stage Cave Junction, Or

(10) STATIC WATER LEVEL:
20 ft. below land surface. Date 6-9-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 153

From	To	Estimated Flow Rate	SWL
<u>153</u>	<u>165</u>	<u>13</u>	<u>20</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Brown clay</u>	<u>0</u>	<u>50</u>	
<u>Brown clay / sm gravel</u>	<u>50</u>	<u>128</u>	
<u>Brown clay / sm gravel + sand</u>	<u>128</u>	<u>152</u>	
<u>Brown clay / sm gravel + sand + lg gravel</u>	<u>152</u>	<u>180</u>	

Date started 6-7-99 Completed 6-8-99

(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 Charlie Dille WWC Number 1504 Date 7-5-99