

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

WELL I.D. # L 95579

START CARD # 1003283

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

**(1) LAND OWNER** Well Number \_\_\_\_\_  
 Name JIMAYLING  
 Address POBOX 2 155  
 City GRANTSPASS State OR Zip 97528

**(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 100 ft.  
 Explosives used:  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10"	0	18'	BENTONITE	0	18'	9 SACKS
6"	18'	100'				

How was seal placed: Method  A  B  C  D  E  
 Other POURED  
 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"	+2	18'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	100'	SCH 40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) 18'

**(7) PERFORATIONS/SCREENS**  
 Perforations Method SAWN  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
80'	100'	1/4X6	60	4"	4"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
7 GPM		80'	1 HR

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 (legal description)**  
 County JOSEPHINE  
 Tax Lot 3000 Lot \_\_\_\_\_  
 Township 38 S Range 8 W WM  
 Section 2 SE 1/4 SW 1/4

Lat \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)  
 Long \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)

Street Address of Well (or nearest address) 242 SQUAW MOUNTAIN RD

**(10) STATIC WATER LEVEL**  
36 ft. below land surface. Date 5/7/08  
 \_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

**(11) WATER BEARING ZONES**  
 Depth at which water was first found 38'

From	To	Estimated Flow Rate	SWL
38'	82'	7GPM	36'

**(12) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To	SWL
BROWN CLAY (UNC)	0	10'	
BROWN SHALE (CON)	10'	36'	
BLUE SHALE (CON)	36'	100'	36'

**RECEIVED**

MAY 14 2008

WATER RESOURCES DEPT  
 SALEM, OREGON

Date Started 5/7/08 Completed 5/7/08

**(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 1659 Date 5/7/08

Signed Steve Carter

**(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 675 Date 5/7/08

Signed Bob Quinn