

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report
are to be filed with the

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date
of well completion.

WATER WELL REPORT

STATE OF OREGON
RECEIVED
(Please type or print)
(Do not write above this line)

SEP 11 1978

*Check
16584*

State Well No. 385/2W-13cb

State Permit No. _____

(1) OWNER: WATER RESOURCES DEPT.
Name Bob Oyerly SALEM, OREGON
Address 4607 Dark Hollow MEDFORD, ORE.

(10) LOCATION OF WELL:
County Jackson Driller's well number 168
SW 1/4 NW 1/4 Section 13 T. 38S R. 2W W.M.

(2) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: (4) PROPOSED USE (check):
Rotary Driven Domestic Industrial Municipal
Cable Jetted Irrigation Test Well Other
Dug Bored

(6) CASING INSTALLED: Threaded Welded
6" Diam. from 11 ft. to 18 ft. Gage .250

(8) PERFORATIONS: Perforated? Yes No.
Type of perforator used _____
Size of perforations in. by in.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(7) SCREENS: Well screen installed? Yes No
Manufacturer's Name _____ Model No. _____
Type _____ Diam. Slot size _____ Set from _____ ft. to _____ ft.
Diam. Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
Yes 40 gal./min. with 123 ft. drawdown after 1 hrs.
Artesian flow g.p.m.
Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION: Well seal—Material used CEMENT
Well sealed from land surface to 18 ft.
Diameter of well bore to bottom of seal 10 in.
Diameter of well bore below seal 6 in.
Number of sacks of cement used in well seal 6 sacks
How was cement grout placed? PRESSURE GROUT from bottom of
Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(11) WATER LEVEL: Completed well.
Depth at which water was first found 133 ft.
Static level 62 ft. below land surface. Date 9-6-78
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG: Diameter of well below casing 6
Depth drilled 185 ft. Depth of completed well 185 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Sand	0	1	
CLAY	1	12	
SANDSTONE	12	133	
SANDSTONE (BROWN)	133	137	62
SANDSTONE	137	172	
SANDSTONE (BROWN)	172	173	62
SANDSTONE	173	185	

Work started 9-5 1978 completed 9-6 78
Date well drilling machine moved off of well 9-6 78

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] _____ Date 9-7-78
(Drilling Machine Operator)
Drilling Machine Operator's License No. 819

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name ARTESIAN WELL DRILLERS
(Person, firm or corporation) (Type or print)
Address 26th Street Ave C.R. 97502
[Signed] _____ Date 9-7 78
(Water Well Contractor)
Contractor's License No. 699 Date 9-7 78

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APR - 3 1998

WELL IDENTIFICATION FORM WATER RESOURCES DEPT. SALEM, OREGON

Well # 1
IRP 10/1/98

CURRENT WELL OWNER:

Owner's Well Number: _____

Name: JOHN & JEANNE BRINGHURST

Mailing Address: 4607 DARK HOLLOW RD.

City: Medford State: Or. Zip: 97501

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL LOCATION:

JACK 16584

County: Joseph Latitude: _____ Longitude: _____

Township: 36 N or S Range: X 2 E or W Section: X 13 SW 1/4 NW 1/4

Tax Lot Number: TL 1100

Street Address of Well (if different than above): 4657 DARK HOLLOW RD

WELL INFORMATION:

Well # 1 IRRIGATION Well

Start Card Number: 1 Approx. Construction Date: 9/78

Well Constructor: # 694 Artesian Well-Drilling

Name of Owner at Time of Construction: Bob Operty

Well Depth (in feet): 185.1 Static Water Level (in feet): 62 (9/6/78)

Diameter of Exposed Well Casing (in inches): 6'

Does this well have a formal water right associated with it? Yes: X No: _____ If yes:

Application #: G-9177 Permit #: G-5531 Certificate # 67799

Please Return Completed Form to:

Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number 24608