

JACK
30272

Amended

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

WELL I.D. # L _____
START CARD # 15180

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

(1) OWNER: Well Number _____
Name Wayne Breeze
Address 7159 Pine Ridge DR
City Medford State OR Zip 97501

(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 220 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	33 1/2	Cement	0	33 1/2	13
6	33 1/2	220				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6	1/2	33 1/2	1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	-1	220	1/4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 33 1/2

(7) PERFORATIONS/SCREENS:

Perforations Method SKILL SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	220	6"	120	1/8"	4"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
15		220	1 hr.

Temperature of water 58 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 JACKSON Latitude _____ Longitude _____
Township 37 N or S Range 1 E or W. WM.
Section 19 NW 1/4 SW 1/4
Tax Lot 1100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 7159 Pine Ridge Medford OR 97507

(10) STATIC WATER LEVEL:
140 ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 130

From	To	Estimated Flow Rate	SWL
130	160	15	190

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	Ben	0	3
clay soil	Ben	3	24
claystone	Gr/Con	26	62
	Gr	62	130
claystone harder	Gr	130	150
	Ben	150	155
	Gr	155	220

RECEIVED

JUL 03 2000

WATER RESOURCES DEPT
SALEM, OREGON

Date started 6-16-90 Completed 6-17-90
(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.
Drilled by Frank Canale WWC Number 1432

Signed by John Studahl 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 John Studahl WWC Number 679

Date 7/20/90

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

JACK
30272

AUG 9 1990

37S/1E/19

(START CARD) # 15180

(1) OWNER:

Well Number: 4 Gour
 Name Robert C. Robertson
 Address 710 Cardley Avenue
 City Medford State OR Zip 97504

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 220 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	38'	cement	0	38'	12 sacks
6"	38'	220'				

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

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"	+18"	38'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	-1	220'	.250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoes)

(7) PERFORATIONS/SCREENS:

Perforations Method skill saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	220	6"	120	1/8"	4"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
15		220'	1 hr.

Temperature of water _____ 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 Jackson Latitude _____ Longitude _____
 Township 37S N or S. Range 1E E or W. WM.
 Section 19 Tax Lot 500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Pine Ridge Drive, Medford

(10) STATIC WATER LEVEL:

100' ft. below land surface. Date 7-12-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 190'

From	To	Estimated Flow Rate	SWL
190'	210'	15	100'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
top soil, adobe	0	2	
clay, hard, brown	2	7	
" , soft, brown	7	21	
" , yellow, brown	21	32	
claystone, grey	32	42	
" , blue grey	42	79	
" , brown	79	93	
" , grey	93	120	
" , red	120	152	
" , grey	152	190	
" , dark grey	190	210	100
" , light grey	210	220	

STUDEBAKER DRILLING, INC.
 1400 Arnold Lane
 Medford, Oregon 97501

Date started 7-11-90 Completed 7-12-90

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Spencer M. Conrade 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 well construction standards. This report is true to the best of my knowledge and belief.

Signed John Studenaker WWC Number 679 Date 6/6/90