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Jack  
3152

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34S/1W/10

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

(START CARD) # 29957

(1) OWNER: Well Number: \_\_\_\_\_  
Name ROGER ROTHMULLER  
Address 96 CALYPSO SHORES  
City NAVATO State CA. Zip 94949

(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   
Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_  
Depth of Completed Well 222 ft.

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	32	CEMENT	0	32	9 SACKS
6"	32	222				

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"	+2	49	.250	<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 shoets) 49

(7) PERFORATIONS/SCREENS:  
 Perforations Method N/A  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input 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
4 GPM		222	1 hr.

Temperature of water 55 — 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 34S N or S. Range 1W E or W. WM.  
Section 10C <sup>1/4</sup> <sub>1/4</sub>  
Tax Lot 2000 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 22625 HIWAY 62  
SHADY COVE

(10) STATIC WATER LEVEL:  
65 ft. below land surface. Date 10-4-91  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 129

From	To	Estimated Flow Rate	SWL
129	130	4 GPM	65

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
SOIL, BROWN	0	2	
GRAVEL, CLAY MIXED, SMALL	2	12	
CONGLOMERATE, BROWN	12	43	
CLAYSTONE, BROWN	43	50	
CLAYSTONE, BLUE	50	57	
CLAYSTONE, BROWN	57	60	
CLAYSTONE, BLUE	60	96	
CLAYSTONE, BROWNISH/BLUE	96	100	
CLAYSTONE, BLUE	100	185	
CLAYSTONE, BROWNISH/BLUE	185	222	65

Date started 10-4-91 Completed 10-4-91

(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 \_\_\_\_\_ 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 Joaquin Medina WWC Number 1207 Date 10-6-91