

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

JACK  
31493  
County Per # 48-92W

APR - 3 1992

(START CARD) # 36361

(1) OWNER:

Name Donald + Mary Savage  
Address 13851 Duggan Rd  
City Central Point State Ore Zip 97502

Well Number: 606-92

(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 465'  
Explosives used ☐ Type ☒ Amount

| HOLE     |         | SEAL     |         | Amount          |  |
|----------|---------|----------|---------|-----------------|--|
| Diameter | From To | Material | From To | sacks or pounds |  |
| 10"      | 0 24    | Cement   | 0 24    | 13              |  |
| 6"       | 24 465  |          |         | Sacks           |  |
|          |         |          |         | Cement          |  |

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"       | +1   | 25  | 250   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|         | 5"       | +1   | 294 | 250   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> |
| 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"/> |

Final location of shoe(s) 25'

(7) PERFORATIONS/SCREENS:

☐ Perforations Method \_\_\_\_\_  
☐ 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 |
|---------------|----------|---------------|------|
| 1174          | 375      | 465           | 1 hr |
|               |          |               |      |
|               |          |               |      |

Temperature of water 540 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 35 N or S. Range 2W E or W. WM.  
Section 29 SE 1/4 NE 1/4  
Tax Lot 501 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 12690 Duggan Rd Central Point Ore 00

(10) STATIC WATER LEVEL:

90 ft. below land surface. Date 3/19/92  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

| From | To  | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 415  | 416 | 974                 | 90  |
| 420  | 425 | 2                   | 90  |
|      |     |                     |     |
|      |     |                     |     |

(12) WELL LOG:

Ground elevation \_\_\_\_\_

| Material                                             | From | To  | SWL |
|------------------------------------------------------|------|-----|-----|
| Redish Brown Clay + Soil                             | 0    | 2   |     |
| Light Brown Clay + Granit                            | 2    | 17  |     |
| Light Blue Hard Rock                                 | 17   | 48  |     |
| Light Blue med. Hard Rock with Clay Intrusion caving | 48   | 200 |     |
| Hard Blue Green Rock                                 | 200  | 220 |     |
| Brown Rock                                           | 220  | 223 |     |
| Blue Gray Rock                                       | 223  | 458 |     |
| Brown shale                                          | 458  | 465 |     |
|                                                      |      |     |     |
|                                                      |      |     |     |

Date started 3/4/92 Completed 3/19/92

(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.

WWC Number \_\_\_\_\_

Signed \_\_\_\_\_ 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.

WWC Number 260

Signed Charles R. Ketcher Date 4/2/92