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

APR - 6 1995

WATER RESOURCES DEPT.

(START CARD) # 72279

Instructions for completing this report are on the last page of this form SALEM, OREGON

(1) OWNER: Well Number _____

Name Jim Cochran
Address 1523 Satellite Dr.
City Medford State OR Zip 97504

(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 155' ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0'	49'	BENTONITE	0	49	30 SCKS
6"	49'	155'				

How was seal placed: Method A B C D E
 Other POURED IN DRILL
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"	41'	59'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0'	155'	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method JAW CUT
 Screens Type 4" P.V.C Material CLASS 160

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
105'	155'	1/4"	80	4x12		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
25'	155'	155'	1 hr.

Temperature of water 57° 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 36 N or S Range 1 E or W. W.M.
Section 23 1/4 1/4
Tax Lot 119 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) corner of 140 E antelope

(10) STATIC WATER LEVEL:
23' ft. below land surface. Date 7 Dec 94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 142'

From	To	Estimated Flow Rate	SWL
142'	145'	25	23

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL SM. Boulders Brown	0	1	
SANDSTONE SM. Boulders Blk	1	13	
SANDSTONE BROWN	13	48	
CLAYSTONE BLUE	48	59	
SANDSTONE BLUE	59	155	23

Date started 6 Dec 94 Completed 7 Dec 94

(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.
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed _____ WWC Number 1157 Date 12-31-94