

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

14  
 JACK  
 344/19

RECEIVED

APR - 6 1995

365/1w/23

(START CARD) # 72278

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

(1) OWNER: Well Number \_\_\_\_\_ SALEM, OREGON

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 80 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
10"	0 39'	BENTONITE	0 39'	26	SK
6"	39' 80'				

How was seal placed: Method  A  B  C  D  E  
 Other Powered in Dry  
 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"	0	39'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>None</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>None</u>							

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
30	80'	80'	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 WM.  
 Section 23 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
 Tax Lot 103 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Stoneridge golf Antelope + Hwy 140 Course

(10) STATIC WATER LEVEL:  
15' ft. below land surface. Date 12-8-99  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 30'

From	To	Estimated Flow Rate	SWL
30'	50'	30	15

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>Sand Brown</u>	0	2	
<u>CLAY MUDSTONE Brown</u>	2	5	
<u>CLAYSTONE Brown</u>	5	12	
<u>CLAYSTONE Blue</u>	12	80	15

Date started 12-8-99 Completed 12-8-99  
 (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 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 \_\_\_\_\_ 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 1957 Date 12-31-99