

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form

JACK
50950

WELL ID # L10199

(START CARD) # 097181

(1) OWNER: Well Number: _____
Name USDA Forest Service
Address 333 West 8th street
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 625 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12"	0	138	CEMENT	42	138	63 SACKS
8"	144	625	BENTONITE	0	42	5900 lbs

How was seal placed: Method A B C D E
 Other Bentonite, poured 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:	8	+2	138	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6	9	499	.250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 139

(7) PERFORATIONS/SCREENS:

Perforations Method Holte air perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
420	440		390	1x2		<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		625	1 hr.

Temperature of Water 56 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 31S N or S. Range 3E E or W. of WM. _____
Section 3 NE $\frac{1}{4}$ SW $\frac{1}{4}$ _____
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 56484 Hwy 62

(10) STATIC WATER LEVEL:
202 ft. below land surface. Date 2/27/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 418

From	To	Estimated Flow Rate	SWL
418	437	*15	202

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
sand/pumice	0	32	
black basalt-hard	32	216	
broken basalt	216	229	
black basalt-hard	229	304	
basalt-soft	304	317	
black basalt-hard	317	418	
broken basalt with pumice	418	437	202
black basalt	437	564	
sandstone	564	571	
grey andesite	571	625	

*AN 8HR FLOWTEST WAS PERFORMED AND INDICATED 60+ GPM

RECEIVED

MAR 18 1997

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 1/20/97 Completed 2/20/97

(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 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed _____ WWC Number 1478
Date 3/11/97