

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

JACK 51082
WELL I.D.# LO3250

(START CARD) # 82798

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

(1) OWNER:

Name Jay & Virginia Moore Well Number LO3250
Address 6321 Pipe Ridge Rd.
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 590'
Explosives used Yes No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	50	BENTONITE	0	50	30 SIC
6"	50	590				

How was seal placed: Method A B C D E

Other Tamped 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	50	36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	590		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method SAW CUT
 Screens Type 4" P.V.C. Material 4" P.V.C.

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
480	590	1/4"	95	4" x 12"		<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
7	590	590'	1 hr.

Temperature of water 51° 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 Tackson Latitude _____ Longitude _____
Township 37 N or Range 1 E or W.M.
Section 25A NE 1/4 NE 1/4
Tax Lot 105 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

87' ft. below land surface. Date 7/16/96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 505'

From	To	Estimated Flow Rate	SWL
505'	510'	7	87

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
CLAY - BASALT BLEN Blow	0	8	
CLAYSTONE BLEN	8	37	
CLAYSTONE BASALT - BLEN	37	44	
SANDSTONE BLEN	44	73	
SANDSTONE RED	73	96	
CLAY BASALT BLEN Blow	96	129	
SANDSTONE BLUE	129	590	87

RECEIVED

MAY 16 1997

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 29 Oct 91 Completed 7 Nov 96

(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.

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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1457

Signed _____

Date 30 Nov 96