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JUL 28 1997

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

JACK
51245

(START CARD) # 74467

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

WATER RESOURCES DEPT.

SALEM, OREGON

(1) OWNER: Well Number L07215
Name John Collinsworth
Address 900 S. Front St.
City Central Point State ORE Zip 97502

(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 220 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	19	Bentonite	0	19	400#
6"	19	220				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other 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: 6"	+1	19	250	☒	☐	☐	☐
Liner: 4"	0	220	160	☐	☒	☒	☐

Final location of shoe(s) home

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100	120	6"	40	1/4		☐	☒
140	160	6"	40	1/4		☐	☒
180	200	6"	40	1/4		☐	☒

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

Yield gal/min	Drawdown	Drill stem at	Time
10 gpm	220	220	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 35 N or S Range 24 E or W. WM.
Section 32 NE 1/4 SW 1/4
Tax Lot 2003 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 8650 Hwy 234
Central Point OR 97502

(10) STATIC WATER LEVEL:
47' ft. below land surface. Date 7-12-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 120'

From	To	Estimated Flow Rate	SWL
120	125	5 gpm	47'
145	150	3 gpm	47'
200	203	2 gpm	47'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
clay (Brown)	0	11	
claystone (Grey)	11	220	47

Date started 7-12-97 Completed 7-12-97

(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 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 1486
Signed _____ Date 7-12-97