

RECEIVED

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.

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

SEP - 3 1997

JACK
51384

L10493

(START CARD) # 096494

(1) OWNER:

Well Number _____

Name DOX WORTHINGTON
Address 8180 E. EVANS CRK
City ROGUE RIVER State OR Zip 97537

(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 90 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	38	BARRETT	0	38	92
6"	38	51	CASING			
6"	51	90	OPEN			

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☐ Other _____

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"	38	51	1250	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) 51

(7) PERFORATIONS/SCREENS:

From		To		Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
									☐	☐
									☐	☐
									☐	☐
									☐	☐
									☐	☐

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

☐ Pump	☒ Bailer	☐ Air	☐ Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
50+	18	—	1 hr.

Temperature of water 52 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 YACKSON Latitude _____ Longitude _____

Township 35 N or S Range 4 E or W WM.

Section 10 SW 1/4 NE 1/4

Tax Lot 1700 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 8180 E. EVANS

ROGUE RIVER OR 97537

(10) STATIC WATER LEVEL:

20 ft. below land surface. Date 82997

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 46'

From	To	Estimated Flow Rate	SWL
0	45	0	0
45	70	4.5	20
70	80	1.5	20
80	90	50+	20

(12) WELL LOG:

Ground Elevation 1300

Material	From	To	SWL
TOP SOIL	0	3	0
SAND, GRAVEL MEDIUM			
BOLDERS MEDIUM, SILT	3	33	0
SEMI DECOMPOSED ROCK			
DARK BROWN MEDIUM	33	60	20
SEMI DECOMPOSED ROCK			
LIGHT BROWN MEDIUM	60	80	20
SEMI DECOMPOSED ROCK			
BLACK & WHITE MEDIUM	80	90	20
WELL TAGED			
SAITIZED 50 PPM			
CALCIUM HYPOCHLORITE			
CAP BOLTED ON			

Date started 82197 Completed 82997

(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 1587

Signed _____ Date 83097