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

WATER RESOURCES DEPT.

(START CARD) # 096495

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

(1) OWNER: Well Number _____
Name Michael Fornaciari
Address 4145 WARDS CRK RD
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 60 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18	BENTONITE	0	18	11
6"	18	49	CASING			
6"	49	60	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"	18	49	.250	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) 49"

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____
From To Slot size Number Diameter 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
26 32 _____ 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 Jackson Latitude _____ Longitude _____
Township 36 N or S Range 4 E or W W.M.
Section 14 1/4 1/4
Tax Lot 339 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) WARD CRK TO TERRY TO END DIRT RD ON RIGHT

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 9897
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 40

From	To	Estimated Flow Rate	SWL
0	39	0	0
40	50	8	18
50	60	26	18

(12) WELL LOG:
Ground Elevation 1150

Material	From	To	SWL
BROWN CLAY SOFT STICKY	0	22	0
BROWN CLAY W/ GRAVEL MEDIUM CASING	22	50	18
ROCK GREEN SOFT	50	60	18
WELL SANITIZED 50 PPM SODIUM HYPOCHLORITE			
CAP WELDED ON			
WELL TAGGED			

Date started 9497 Completed 9897

(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.
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 [Signature] WWC Number 1587 Date 9-10-97