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WATER RESOURCES DEPT.
SALEM, OREGON

Jack 52086
JACK 52086
WELL I.D. #23498

~~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.

(START CARD) #, 103017

(1) OWNER: Well Number
Name CLINTON PHELPS
Address 3919 FOREST CREEK Rd.
City JACKSONVILLE State OR Zip 97530

(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 500 ft.
Explosives used ☐ Yes ☐ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	39	BENTONITE	0	39	20 SACK

How was seal placed: Method ☐A ☐B ☐C ☐D ☐E
☐ Other POURED IN ANNULAR SPACE
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	39	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 39'

(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
4		500'	1 hr.

Temperature of water 50 Depth Artesian Flow Found
Was a water analysis done? NO ☐ Yes By whom
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other NO
Depth of strata:

(9) LOCATION OF WELL by legal description:
County JACKSON Latitude Longitude
Township 38 N or S Range 3W E or W. WM.
Section 12 NW 1/4 NE 1/4
Tax Lot 1400 Lot Block Subdivision
Street Address of Well (or nearest address) 3960 Hwy 238
JACKSONVILLE

(10) STATIC WATER LEVEL:
47 ft. below land surface. Date 8-29-97
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 220

From	To	Estimated Flow Rate	SWL
220	222	4	47

(12) WELL LOG:
Ground Elevation 1200' APPROX

Material	From	To	SWL
BROWN SANDSTONE	0	15	
BLUE SANDSTONE	15	500	

Date started Aug 25/97 Completed Aug 29/97

(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 599
Signed Art Carter 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 599
Signed Art Carter Date

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

JACK 52086

Feb 2-1998

Dear Sirs

in August 25 Thru 29 -1997. Art Carter drilled a well for me ~~on~~ this Property & shortly after he died of a heart attack & didn't file this drilling report. I went to the medford office after I got a copy of it. they told me to send it to you myself.

thank you.

Clinton R Phelps

Phone 541-899-8076

JACK 52086

For Official Use Only:

Received Date:	County Well Log ID #	Well Identification Tag #
2-4-98	JACK 52086	23498

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: Clinton Phelps

Mailing Address: 3919 Forest Cr. Rd.

City: Jacksonville State: OR Zip: 97530 Phone: ( )

WELL LOCATION:

County: Jackson Owner's Well Number: _____

Township: 38 N or (S) Range: 3 E or (W) Section: 12 NW 1/4 NE 1/4

Tax Lot Number: 1400 Type of Well: water supply X monitoring _____

Street Address of Well (if different from above): 3960 Hwy 238

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to:

Lisa Juul
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

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