

# RECEIVED

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L10489

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

**WATER RESOURCES DEPT.**  
**SALEM, OREGON**

(START CARD) # 096499

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

(1) OWNER: Well Number \_\_\_\_\_  
 Name MIKE FORNACIARI  
 Address 4145 WARDS 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 60 ft.  
 Explosives used ☐ Yes ☒ No Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE     |      |    | SEAL      |      |    |                 |
|----------|------|----|-----------|------|----|-----------------|
| Diameter | From | To | Material  | From | To | Sacks or pounds |
| 10"      | 0    | 18 | BENTONITE | 0    | 18 | 10              |
| 6"       | +1   | 19 | CASING    |      |    |                 |
| 6"       | 19   | 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" | +1   | 19' | 250   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner:     |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Final location of shoe(s) 19'

(7) PERFORATIONS/SCREENS:

| From                                  |                           | To | Slot size | Number | Diameter | Tele/pipe size | Casing                   | Liner                    |
|---------------------------------------|---------------------------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| <input type="checkbox"/> Perforations | Method _____              |    |           |        |          |                |                          |                          |
| <input type="checkbox"/> Screens      | Type _____ Material _____ |    |           |        |          |                |                          |                          |
|                                       |                           |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|                                       |                           |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|                                       |                           |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|                                       |                           |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |

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

|                               |                                            |                              |                                  |
|-------------------------------|--------------------------------------------|------------------------------|----------------------------------|
| <input type="checkbox"/> Pump | <input checked="" type="checkbox"/> Bailer | <input type="checkbox"/> Air | <input type="checkbox"/> Flowing |
| Yield gal/min                 | Drawdown                                   | Drill stem at                | Time                             |
| 18                            | 29                                         |                              | 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 WM.  
 Section 14 SW 1/4 NE 1/4  
 Tax Lot 339 Lot # 1 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 460 TERRY LN  
ROGUE RIVER OR 97537

(10) STATIC WATER LEVEL:  
22 ft. below land surface. Date 5/4/98  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 50

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| 0    | 49 | TRACE               | -   |
| 50   | 60 | 18                  |     |
|      |    |                     |     |
|      |    |                     |     |

(12) WELL LOG:  
 Ground Elevation 1100

| Material             | From | To | SWL |
|----------------------|------|----|-----|
| BROWN CLAY           |      |    |     |
| SOFT STICKY          | 0    | 27 | -   |
| GREEN CLAY SOFT      | 27   | 49 | -   |
| STICKY               |      |    |     |
| ROCK SOFT GREEN E    |      |    |     |
| BLACK                | 49   | 60 | 22  |
| CAP WELDED ON        |      |    |     |
| SAITIZED 50 PPM      |      |    |     |
| CALCIUM HYPOCHLORITE |      |    |     |

Date started 4/30/98 Completed 5/9/98

(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 5/9/98

(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 5/6/98