

JACK
53149

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 24987
START CARD # 15369

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

(1) OWNER: Well Number 124481
Name Virginia Westwick
Address 2605 Luck Ln.
City Medford State OR. Zip 97501

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
6"	70'	100'	original seal			Undisturbed

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

[illegible]

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

☐ Pump	☒ Bailer	☐ Air	☐ Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
29.8	To 50'		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 3PS N or S Range 2W E or W. WM.
Section 02A NW 1/4 NE 1/4
Tax Lot 3800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2605 Lucky Ln
McDonald, OR 97507

(10) **STATIC WATER LEVEL:**
20' ft. below land surface. Date 5-6-99
 Artesian pressure lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found 128'

From	To	Estimated Flow Rate	SWL
128'	130'	23 GPM	20'
140'	145'	29.8 "	20'

(12) WELL LOG: Ground Elevation Approx 1000'

[illegible]

Date started 4-30-89 Completed 5-6-89

(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 _____ Date _____ WWC Number _____

(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.

Construction Number: 1566 WWC Number 1566
Signed [Signature] Date 5-8-9