JACK
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WATER RESOURCES DEPT.
SALEM, OREGON

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

WELL I.D. # L 24988
START CARD # 115321

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

(1) OWNER: Well Number L24988
Name Tom Tarbeck
Address 663 Sequita
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 110 ft.
Explosives used ☐ Yes ☑ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0'	18'	Bentonite	0'	18'	12 Sacks
6"	18'	110'				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☑ Other Poured by
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	44'	.250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	—				☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ____

(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
12.9	To 100'		1 hr.

Temperature of water 56° 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 37S N or S Range 4W E or W. WM.
Section 11 NW 1/4 NW 1/4
Tax Lot 308 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) Between 3550 + 3600 Hosmer Ln. Rogue River, OR.

(10) STATIC WATER LEVEL:
40' ft. below land surface. Date 6-8-99
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
50'	52'	2 GPM	40'
95'	100'	12.9 GPM	40'

(12) WELL LOG:
Ground Elevation Appr. 1000'

Material	From	To	SWL
Red Topsoil w/Rock	0'	2'	0
Green Clay w/Sand	2'	50'	40'
Fractured Basalt	50'	110'	40'

Date started 5-27-99 Completed 6-8-99

(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 [redacted]
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 1666
Signed [signature] Date 6-8-99

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