

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

WELL I.D. # L 07486  
 START CARD # 87261

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

**(1) LAND OWNER** Well Number \_\_\_\_\_  
 Name MARK & ROSEMARY FRANCES  
 Address 1551 MILL CR. RD  
 City PROSPECT State OR Zip 97263

**(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 250 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Sacks or pounds
Diameter	From To	Material	From To	
1 1/2"	0 27	BENTONITE	0 27	38
6"	27 250			

How was seal placed: Method  A  B  C  D  E  
 Other DRY POURED  
 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"	0	27	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	27	250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) 31 FEET

**(7) PERFORATIONS/SCREENS:**  
 Perforations Method DRILLED  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
220	240	1/2	120	1/2	4"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing  Artesian  
 Yield gal/min 20 GPM Drawdown PLUS. Drill stem at NEVER Time 1 hr.  
DROPPED SWL AT ALL

Temperature of water 50° 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: 220 250

**(9) LOCATION OF WELL by legal description:**  
 County JACKSON Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 32 N or S Range 3 E or W. WM.  
 Section 29 SE 1/4 NW 1/4  
 Tax Lot 900 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) NEXT TO U.S. POST OFFICE

**(10) STATIC WATER LEVEL:**  
105' ft. below land surface. Date 9-26-02  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
220	250	20 GPM +	105'

**(12) WELL LOG:**  
 Ground Elevation 2500 FT

Material	From	To	SWL
PUMM	0	9'	—
LAVA ROCK BLACK	9	105	—
LAVA ROCK RED	105	220	—
CLAY RED	220	250	105

RECEIVED

OCT 04 2002

WATER RESOURCES DEPT  
 SALEM, OREGON

Date started 9-10-02 Completed 9-30-02

**(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 1463  
 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 1463  
 Signed \_\_\_\_\_ Date \_\_\_\_\_