

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L 67133
START CARD # 158672

(as required by ORS 537.765)

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

(1) LAND OWNER Well Number _____
Name JOE SCHWARTZ
Address PO Box 84
City PHOENIX State OR Zip 97535

(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 214 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	59	BENTONITE	0	59	28 SACKS
6"	59	222				

How was seal placed: Method A B C D E
 Other RSURED DRY

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	59	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	-14	214	160	<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) 59 FT

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
42		222	1 hr.

Temperature of water 53° Depth Artesian Flow Found _____
Was a water analysis done? Yes No
Did any strata contain water not suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County JACKSON Latitude _____ Longitude _____
Township 38 S N or S Range 3 E E or W. WM.
Section 30 SW 1/4 SW 1/4
Tax Lot 3807 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 11698 DEAD INDIAN MEM. RD

(10) STATIC WATER LEVEL:
53 ft. below land surface. Date 10-4-03
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
62	102	2 1/8	53
117	122	2 1/2 - 5 1/2	53
142	162	6	53
162	182	5 1/2	53
182	202	11	53
202	222		

(12) WELL LOG: _____
Ground Elevation _____

Material	From	To	SWL
CLAY DARK BRN w/ BLDER	0	3	
CLAY BRN HARD w/ ROCK	3	11	
ROCK BRN w/ BRN CLAY	11	41	
CLAY TAN & CHOCOLAT	41	46	
CLAYSTONE BROWN	46	54	
VOLC. SANDST. WHITE/GRY	54	84	
GRY	84	96	
DARK GRAY	96	109	
GRY	109	132	
LIGHT GRAY	132		
BROKEN, CREVICES AT			
163-164 LOSING CIRC		222	
CAVING			

PUMPING LEVEL TESTS:

DEPTH	YIELD
142 FT	42 GPM
102	28 1/4
87	17 1/2
82	16

Date started 10-2-03 Completed 10-4-03

(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.
Signed PIONEER DRILLING WWC Number 796
Fred Huan Date 10-4-03