WRD staff corrected per WI

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

Jack

S66063

WELL I.D. # L 56960
START CARD # 165481

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

(1) LAND OWNER Well Number _____
Name BRANDON KELLER.
Address 3085 BROWN CIRCLE
City MEDFORD State OR Zip 97504

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

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	26'	BENTONITE	0	26	
6"	26'	245'				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other BENTONITE
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	37'	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4"	0	245	.160	☐	☒	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 37'

(7) PERFORATIONS/SCREENS:
☒ Perforations Method SAW
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100'	245'	1/8	24	4"		☐	☒
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10 gpm			1 hr.

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: _____

(9) LOCATION OF WELL by legal description:
County JACKSON Latitude _____ Longitude _____
Township 35 N or S Range 1W E or W. WM.
Section 8 SW 1/4 SW 1/4
Tax Lot ~~405~~ 406 Block _____ Subdivision _____
Street Address of Well (or nearest address) NO Address assigned, as yet Now: 158 Rockingham Cir

(10) STATIC WATER LEVEL:
65' ft. below land surface. Date March 19, 04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 110'

From	To	Estimated Flow Rate	SWL
110'	112'	2 gpm	65
180'	183'	3 gpm	65
235'	238'	5 gpm	65

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL (BROWN)	0	3'	
CLAY (YELLOW)	3	15'	
CLAYSTONE (GREEN)	15'	25'	
~~BEARSTONE (BLUE)~~	25	245'	65

RECEIVED
MAR 25 2004
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
MAY 13 2004
WATER RESOURCES DEPT
SALEM, OREGON

Date started March 19, 04 Completed March 19, 04

(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 1705
Signed Scott Coffman Date March 19, 04

(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 172
Signed Jack M. Bottcher Date March 19, 04

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER