

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL ID. # L 69019
START CARD # 166532

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

(1) LAND OWNER Well Number _____
Name WAYNE BREEZE
Address 7159 PINERIDGE DR.
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 154 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	54	CEMENT	0	54	14 SACKS
6"	54	160				

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: 6"	+1	68	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	154	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) 68

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
56	64	1/4x4		50		<input checked="" type="checkbox"/>	<input type="checkbox"/>
94	154	1/8x8		60		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
15GPM		154	1 hr.

Temperature of water 60 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 1E E or W. WM.
Section 19 SW 1/4 SW 1/4
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 7159 PINERIDGE DRIVE, MEDFORD

(10) STATIC WATER LEVEL:
38 ft. below land surface. Date 6-16-04
Artesian pressure _____ lb. per square inch Date _____

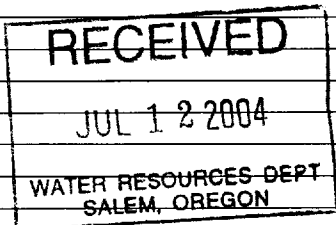
(11) WATER BEARING ZONES:

Depth at which water was first found 57

From	To	Estimated Flow Rate	SWL
57	74	15 GPM	38

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL, BROWN, STICKY	0	3	
CLAY, BROWN	3	13	
CLAYSTONE, BROWN	13	41	
CLAYSTONE, GRAY/BRN	41	78	
CLAYSTONE, BROWN	78	80	
CLAYSTONE, GRAY	80	149	
CLAYSTONE, RED			
VERY SOFT, CAVIE	149	160	38



Date started 6-15-04 Completed 6-16-04

(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.
Signed Medina Well Drilling, Inc (541) 664-6339 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.
Signed Joaquin Medina Jr. WWC Number 1207 Date 6-16-04