

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 79105
START CARD # 176628

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

(1) LAND OWNER: Well Number _____
Name BRAD LIND
Address 1093 STEVENS RD
City EAGLE POINT State OR Zip 97524

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

HOLE		SEAL			
Diameter	From To	Material	From To	Sacks or pounds	
10"	0 24'	BENTONITE	0 24'	12 Sacks	
6"	24' 165'				

How was seal placed: Method A B C D E
 Other BENTONITE POURED 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	42'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	165'	.160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 42

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40'	165'	1/8"	24	4"	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

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

Temperature of water 52° 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 36 N or S Range 16 E or W. WM.
Section 20 NW 1/4 NW 1/4
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1093 STEVENS RD
EAGLE POINT OR 97524

(10) STATIC WATER LEVEL:
30' ft. below land surface. Date Dec 12, 05
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'	3 gpm	30'
158	156'	42 gpm	30'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL (BROWN)	0	3'	
CLAYS (BROWN)	3'	12'	
CLAYSTONE (YELLOW)	12'	18'	
CLAYSTONE (BLUE)	18'	26'	
CLAYSTONE (GREY)	26'	52'	30'
CLAYSTONE (BLUE)	52'	165'	30'

Date started Dec 8, 05 Completed Dec 12, 05

(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 Scott Coffey WWC Number 1705 Date Dec 12, 05

(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 Jack N. Boettcher WWC Number 172 Date Dec 12, 05