

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 81911

START CARD # 168343

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

(1) LAND OWNER

Well Number _____

Name Craig WelburnAddress 7887 Andrea DrCity White CityState Or 97503

Zip _____

(2) TYPE OF WORK☒ New Well☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion**(3) DRILL METHOD**☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud☐ Other _____**(4) PROPOSED USE**☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____**(5) BORE HOLE CONSTRUCTION**Special Construction: ☐ Yes ☒ NoDepth of Completed Well 140 ft.Explosives used: ☐ Yes ☒ No Type _____ Amount _____**BORE HOLE**

Diameter	From	To	Material	From	To	Sacks or Pounds
10"	0	19	Cement	0	19	5 sacks
6"	19	140				

SEALHow 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	19	.250	☒	☐	☒	☐
Liner: 4"	0	140	160	☐	☒	☒	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ NoneFinal location of shoe(s) 19**(7) PERFORATIONS/SCREENS**☒ PerforationsMethod Saw☐ Screens

Type _____

Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
80	140	1/8x8	60			☐	☒

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

Yield gal/min	Drawdown	Drill stem at	Time
3 GPM		140	1 Hr

Temperature of water 58° 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 (legal description)County JacksonTax Lot 201

Lot _____

Township 34

S

Range 1

E

WM

Section 21

SE

1/4

NW

1/4

Lat _____ " or _____ (degrees or decimal)

Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 2161 Crowfoot Rd.,Eagle Point, Or**(10) STATIC WATER LEVEL**90 ft. below land surface.Date 6-22-06

_____ ft. below land surface.

Date _____

Artesian pressure _____ lb. per square inch

Date _____

(11) WATER BEARING ZONESDepth at which water was first found 93

From	To	Estimated Flow Rate	SWL
93	97	3 GPM	90

(12) WELL LOG

Ground Elevation _____

Material	From	To	SWL
Soil, Brown	0	3	
Volcanic Tuff, Brown	3	7	
Volcanic Tuff, Grey	7	47	
Volcanic Tuff, Grey/Red	47	53	
Volcanic Tuff, Grey	53	68	
Volcanic Tuff, Grey/Soft	68	77	
Volcanic Tuff, Grey	77	93	
Volcanic Tuff, Grey/Fractured	93	97	
Volcanic Tuff, Grey	97	133	
Volcanic Tuff, Grey/Red	133	140	90

Date Started 6-22-06Completed 6-22-06**(unbonded) Water Well Constructor Certification**

I certify that the work I performed on the construction, deepening, 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 1857Date 6-23-06Signed Ronald J. Martens**(bonded) Water Well Constructor Certification**

I accept responsibility for the construction, deepening, 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 1207Date 6-23-06Signed Joanna Medina**RECEIVED**

ORIGINAL - WATER RESOURCES DEPARTMENT

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER

06/16/2004

JUL 10 2006

WATER RESOURCES DEPT
SALEM, OREGON