

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

WELL I.D. # L 83390START CARD # 176569

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

(1) LAND OWNER

Name Jim Gerlach Well Number _____
Address 3565 MADRONA LN
City Medford State OR 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 ☒ No
Depth of Completed Well 60 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10"	0	20	BENTONITE	0	20	1250
6"	20	60				

How was seal placed: Method ☐ A ☒ B ☐ C ☐ D ☐ E☒ Other Poured in 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	30	250		☒	☐	☐	☐
Liner: None				☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ NoneFinal location of shoe(s) 30'

(7) PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
		7/8"				☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
12	60	60	1

Temperature of water 63' 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 DESN
Tax Lot 4300 Lot _____
Township 37 N or S Range 2 E or W
Section 34A s/w 1/4 s/w 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address)

SAME

(10) STATIC WATER LEVEL

12 ft. below land surface. Date 6 Oct 06
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

From	To	Estimated Flow Rate	SWL
30'	60'	12 GPM	12

(12) WELL LOG

Material	From	To	SWL
CLAY BROWN	0	3	
CLAYSTONE BRN	3	12	
SANDSTONE BRN	12	30	
SANDSTONE WITH GRAVEL BRN	30	60	12

Date Started 6 Oct 06 Completed 6 Oct 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 _____ Date _____

Signed _____

(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 1457 Date 30 Oct 06

Signed _____

NOV 01 2006