

**JACK/JACK 58570**  
58570

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

WELL I.D. # L 76882  
START CARD # 195419

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

(1) **LAND OWNER** Well Number \_\_\_\_\_  
Name Scott, Velma & Sue Mirramore  
Address 931 South Front St.  
City Central Point State Oregon Zip 97502

(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 300 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Bentonite	0	18	9 sacks
6	18	300				

How was seal placed: Method  A  B  C  D  E  
 Other Dry Poured  
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	17	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 4	0	280	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) 19

(7) **PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type Air Lazer Cut Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
280	300	.020				<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailer  Air  Artesian

Yield gal/min	Drawdown	Drill stem at	Time
48		295	1 hr.

Temperature of water 56 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Yes  No 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 4 E or W WM.   
Section 29 NE 1/4 NW 1/4  
Tax Lot 900 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 7275 Rogue River Hwy.

(10) **STATIC WATER LEVEL:**  
25 ft. below land surface. Date 10/2/07  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) **WATER BEARING ZONES:**  
Depth at which water was first found 74

From	To	Estimated Flow Rate	SWL
74	75	6	25
125	130	6	25
170	172	5	25
218	220	15	25
266	269	10	25

(12) **WELL LOG:**  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Brown Clay small bits of rock small boulders	0	16	
Consolidated blue basalt with fractures and some quartz	16	300	25

**RECEIVED RECEIVED**  
OCT 15 2007 DEC 13 2007  
WATER RESOURCES DEPT SALEM, OREGON  
WATER RESOURCES DEPT SALEM, OREGON

Date started 10/1/07 Completed 10/2/07  
(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 Phil Gathie WWC Number 1847 Date 10/9/07

(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 Michael Pierce WWC Number 1251 Date 10/9/07