

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

WELL I.D. # L 98461

START CARD # 1007919

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

(1) LAND OWNER Well Number _____
 Name REID MURPHY
 Address 902 CHEVY WAY
 City MEDFORD State OR Zip 97504

(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 **COMMERCIAL**

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 200 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10"	0	18'	BENTONITE	0	18'	8 SACKS
6"	18'	200'				

How was seal placed: Method A B C D E
 Other **POURED**

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	6"	+2	35'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	0	200'	SCH 40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 35'

(7) PERFORATIONS/SCREENS
 Perforations Method **SAWN**
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
180'	200'	1/4X6	60	4"	4"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min 32 GPM Drawdown _____ Drill stem at 180' Time 1 HR

Temperature of water 51 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 JACKSON
 Tax Lot 5800 Lot _____
 Township 34 S Range 1 W WM
 Section 15 SW 1/4 SW 1/4
 Lat _____ ° _____ ' _____ " or _____ (degrees or decimal)
 Long _____ ° _____ ' _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 21228 CRATER LAKE HIGHWAY

(10) STATIC WATER LEVEL
45 ft. below land surface. Date 8/27/09
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 126'

From	To	Estimated Flow Rate	SWL
126'	189'	32 GPM	45'

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
BROWN CLAY (UNC)	0	3'	
BROWN CLAY; MEDIUM GRAVEL; FINE SAND (UNC)	3'	12'	
BASALT WITH CLAY (CON)	12'	35'	
BASALT (CON)	35'	200'	45'

RECEIVED

SEP 08 2009

WATER RESOURCES DEPT

SALEM, OREGON

Date Started 8/27/09 Completed 8/27/09

(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 1659 Date 8/27/09
 Signed Stuven Carter

(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 675 Date 8/27/09
 Signed Bob Quinn