

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

WELL I.D. # L 62568
 START CARD # 154037

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

(1) **LAND OWNER**
 Name Steve ZABRISKIE Well Number 154037
 Address P.O. BOX 413
 City CAVE JUNCTION State Or Zip 97523

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	20	BENTONITE	0	20	12	
6"	20	110					

How was seal placed: Method A B C D E
 Other Bentonite 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"	+30"	80'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 80

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
50	80	3/16x6	90			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
9		80	1 hr

Temperature of water 54° 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 Josephine Latitude _____ Longitude _____
 Township 39 N or S Range 8 E or W M.
 Section 16 SW 1/4 SE 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 25870 Redwood Hwy CAVE JUNCTION Or

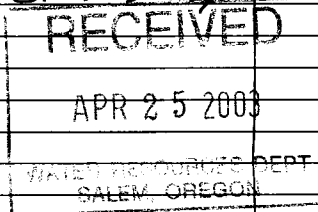
(10) **STATIC WATER LEVEL:**
31 ft. below land surface. Date 3-29-03
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 80

From	To	Estimated Flow Rate	SWL
80	103	9	31

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
Tight Brown clay / some gravel	0	30	
Brown clay / fine + med gravel	30	70	
Brown clay / fine + med gravel + sand	70	110	



Date started 3-24-03 Completed 3-27-03

(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 _____ WWC Number _____ Date _____

(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 Charlie Gill WWC Number 1504 Date 4-23-03