

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

(WELL I.D.)# L 70989
(START CARD) # 166001

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

(1) OWNER: Well Number 166001
Name Stephanie Friedman & Mike Mitchell
Address 4701 Dusty Lane / P.O. Box 858
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 120' ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0'	21'	Bentonite	0'	21'	16 Sacks
6"	21'	120'				

How was seal placed: Method A B C D E
 Other **Bentonite Dry Poured**
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing: 6"		+1'	120'	.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"/>

Final location of shoe(s) 120'

(7) PERFORATIONS/SCREENS:

Perforations Method **Torch**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80'	100'	3/16x6	60			<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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
75 GPM		100'	1 hr.

Temperature of water 52 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 **40** S Range **8** W WM.
Section **1** SE 1/4 NE 1/4
Tax Lot **1501** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **4701 Dusty Lane**
Cave Junction, OR 97523

(10) STATIC WATER LEVEL:
22' ft. below land surface. Date 7/24/04
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 75'

From	To	Estimated Flow Rate	SWL
75'	120'	75 GPM	22'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown Clay W/Med. & Large Gravel	0'	60'	
Brown Clay & Fine & Med. Gravel & Sand	60'	120'	22'

RECEIVED

AUG 23 2004

WATER RESOURCES DEPT
SALEM, OREGON

Date started 7/22/04 Completed 7/23/04

(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.

WWC Number _____
Signed _____ 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.

WWC Number 1504
Signed *Charlie Gill* Date 8/19/04