

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

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NOV 12 1993

WATER RESOURCES DEPT.

SALEM, OREGON

(START CARD) # 39912

(1) OWNER:

Name MIKE RUSSELL
Address 3875 MARINA LANE
City MEDFORD State ORE Zip 97501

Well Number #2

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 445 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
17 1/2	0	27	CEMENT	0	27	26 SLS
10	27	250				
8 3/4	250	445				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other

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:	10 3/4	+1	27 1/2	250	☒	☒	☐
Liner:							

Final location of shoe(s) 27 1/2 FEET

(7) PERFORATIONS/SCREENS:

		Method		Material	
		Type			
From	To	Slot size	Number	Diameter	Tele/pipe size
					Casing
					Liner

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
600 +		445	1 hr.

Temperature of Water 56°F 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 KLAMATH Latitude _____ Longitude _____
Township 37S N or S. Range 11E E or W. WM. _____
Section 36 NE 1/4 NE 1/4
Tax Lot TA Lot 3711V Block 00-7288 Subdivision _____
Street Address of Well (or nearest address) RT 1 Box 3441
BONANZA OR 97623

(10) STATIC WATER LEVEL:

150 ft. below land surface. Date 11/5/93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
429	445	600 GPM	

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
BROWN SANDY TOPSOIL	0	8	
YELLOW CLAY	8	24	
GREEN CLAY	24	102	
BLACK SANDSTONE	102	159	
GREEN SHALE	159	275	
BLACK SANDSTONE	275	377	
HARD BROWN SHALE	377	378	
DECOMPOSED BROWN LIGNITE	378	429	
BROWN HARD BROWN LIGNITE	429	445	

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Date started 11/3/93 Completed 11/5/93

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 6001
Signed [Signature] Date 11/6/93