

OCT '6 1988

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

WATER RESOURCES DEPT  
SALEM, OREGON

Jack  
11894

378/W/25

(START CARD) # ~~XXXXXX~~ 7786

(1) OWNER: Well Number: 7786  
Name SUNRIDGE ESTATES  
Address 6351 HILLCREST ROAD  
City MEDFORD State OR Zip 97504

(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 394 ft.  
Explosives used  Yes  No Type Amount

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	165	CEMENT	0	165	39 SACKS
6"	165	394				

How was seal placed: Method  A  B  C  D  E  
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"	2	168	.25	<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) 168

(7) PERFORATIONS/SCREENS:  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 15 GPM Drawdown 214 Drill stem at 394 Time 1 hr.

Temperature of water \_\_\_\_\_ 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 JACKSON Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 37N N or S, Range 1W E or W, WM.  
Section 25 1/4 1/4  
Tax Lot 200CA Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) SAME AS #1

(10) STATIC WATER LEVEL:  
180 ft. below land surface. Date 9-13-88  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 201

From	To	Estimated Flow Rate	SWL
201	202	4GPM	
306	307	15GPM	180

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
SOIL, BROWN	0	2	
CLAY, BROWN	2	141	
CLAYSTONE, BROWN	141	161	
CLAYSTONE, BLUE	161	394	180

Date started 9-9-88 Completed 9-13-88

(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.

Signed MEDINA WELL DRILLING 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 well construction standards. This report is true to the best of my knowledge and belief.  
Signed Joaquin Medina WWC Number 207 Date 9-13-88