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375/1W-2500

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

SEP 11 1986

WATER RESOURCES DEPT

SALEM, OREGON

(1) OWNER: Owner's Well Number _____
 Name ROBERT JACOBSON
 Address 6351 HILLCREST RD.
 City MEDFORD, State OR Zip 97504

LOCATION OF WELL by legal description:
 County JACKSON Latitude _____ Longitude _____
 Township 37 N or S, Range LW E or W, WM.
 Section 25 NE ¼ NE ¼
 Tax Lot 200CA Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME AS # 1

(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
 Geothermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Depth of Completed Well 227 ft.
 Special Standards date of approval _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
6	180	CEMENT	180	40 SACKS 50 BENTONITE

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
6	72	183	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Location of shoe(s) 183

(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"/>

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

Yield gal/min	Pumping level	Drill stem at	Time
30	—	227	1 hr

Pump Bailer Air Flowing Artesian

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: _____

(10) STATIC WATER LEVEL:
120 ft. below land surface. Date 9-3-86
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation _____

Material	From	To	WB?	SWL
SOIL, BROWN	0	2		
CLAY, BROWN	2	86		
CLAY, RED	86	137		
CLAYSTONE, BROWN	137	211		
CLAYSTONE, BLUE	211	220	30	
BASALT, BLUE, MEDIUM	220	227		120

Date started 9-2-86 Completed 9-3-86

(unbonded) Water Well Constructor Certification:
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed Joaquin Medina Date 9-3-86

(bonded) Water Well Constructor Certification:
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
 Signed Ronald J. Martinson Date 9-3-86
 Company MARTINSON WELL DRILLING, INC No. _____