

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

JACK
 13717

0110910

37S/2W/33

(START CARD) # 13286

(1) OWNER: Well Number: _____
 Name Thomas M. Sesulka
 Address 3900 ~~XXXXXXXXXX~~ S. Stage Road
 City Medford State OR Zip 97501

(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 nursery

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 140 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	98	cement	0	40	17 sacks
6"	98	140'				

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: 6"	+2	98'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	-4	140	.250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method skill saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80'	140'	1/8	84	6"	4"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 30 Drawdown _____ Drill stem at _____ 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 37S N or S, Range 2W E or W, WM.
 Section 33 1/4 _____ 1/4 _____
 Tax Lot 701 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 3900 South Stage Road

(10) STATIC WATER LEVEL:
8' ft. below land surface. Date 9-14-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 45'

From	To	Estimated Flow Rate	SWL
45'	55'	35	8
110	125'	30	8

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
clay and sand, brown	0	12	
clay, yellow/brown	12	40	
" , sandy	40	45	
gravel, clay, brown	45	55	8
clay, yellow/brown	55	92	
rock, grey	92	110	
granite, grey	110	125	
rock, white, grey	125	140	

Date started 9/14/89 Completed 9/14/89

(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 Frank Canada WWC Number 1432
 Date 10-6-89

(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 John Studebaker WWC Number 679
 Date 10/6/89