

STATE OF OREGON
WATER WELL REPORT WATER RESOURCES DEPT
 (as required by ORS 537.765) SALEM, OREGON

JUL 29 1986

JACK
 15312

38s/1W-24ab

(1) OWNER: Owner's Well Number: _____
 Name MARY MAG ORCHARDS, INC.
 Address POB 996
 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

(5) BORE HOLE CONSTRUCTION:
 Depth of Completed Well 185 ft.
 Special Standards date of approval _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
6	0 22	CEMENTO	22	7-SACK

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:

Casing:	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					From	To	From	To	From	To	From	To
	6	0	22	2.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) _____

(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

Pump Bailer Air Flowing
 Artesian

Yield gal/min	Pumping level	Drill stem at	Time 1/4 hr	Time 1 hr
18	-	185		

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 38 N or S, Range 1W E or W, WM.
 Section 24 NE 1/4 NW 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SUNCREST ORCHARDS
SUNCREST RD., TALENT, OR.

(10) STATIC WATER LEVEL:
8 ft. below land surface. Date 7-17-86
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation _____

Material	From	To	WB?	SWL
SOIL, BROWN	0	2		
CLAY, BROWN	2	9		
CLAYSTONE, BROWN	9	31		
CLAYSTONE, BLUE	31	35	5	
CLAYSTONE, BROWN	35	39		
CLAYSTONE, BLUE	39	42		
CLAYSTONE, BROWN	42	44		
CLAYSTONE, BLUE	44	159	10	
SANDSTONE, GREY	159	185	18	8'

Date started 7-17-86 Completed 7-17-86

(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 [Signature] Date 7-17-86

(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 [Signature] Date 7-17-86

Company MARTINSON WELL DRILLING, Co. INC No. _____