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JACK
18931

335/2E-17
257

MAR 11 1988

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

Well Number 2257
SALEM, OREGON

(1) OWNER:

Name GREGG ADAMS
Address P.O. BOX 1084
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:

Special Construction approval Yes No
Yes No Depth of Completed Well 63 ft.
Explosives used Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0 35	CEMENT	0 35	10 SACKS	
6"	35 63				

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/Liner	Diameter	From	To	Gauge				
					Steel	Plastic	Welded	Threaded
Casing:	6"	2	50	.250	<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) 50

(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"/>

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

Pump Bailor Air Flowing Artesian
Yield gal/min 80GPM Drawdown 38 Drill stem at 63 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 335 N or S, Range 2E E or W, WM.
Section 17 1/4 _____ 1/4 _____
Tax Lot 372 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1/4 MILE ON EVERGREEN DR.
PROSPECT, OR 97536

(10) STATIC WATER LEVEL:

25 ft. below land surface. Date 2-25-88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 38

From	To	Estimated Flow Rate	SWL
38	55	80 GPOM	25

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
SOLL, BROWN	0	1	
CLAY, BROWN	1	17	
CLAYSTONE, BROWN	17	38	
BASALT, BROWN, BROKEN	38	63	25

Date started 2-25-88 Completed 2-25-88

(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.

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 1207
Signed Joaquin Medina Date 2-25-88

№ 2257

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"START CARD"
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address GREGG ADAMS DAN BUNN
P.O. BOX 1084 MEDFORD, OR. 97501
MEDFORD, OR. 97501

Proposed Commencement Date 2-16-88 OR WEATHER PERMITTING

Proposed Well Depth 180, Diameter 6"
and Use:

- Domestic Community Industrial Irrigation
 Thermal Injection Other _____

Proposed Well Location: County JACKSON

Township 33N (N or S) Range 2E (E or W) Section 17

At least 2 of these must be provided

1. NW 1/4 of SW 1/4 of above section
2. street address of 1/4 MILE ONEVERGREEN DRIVE,
well location PRODSPECT OR. 97536
3. tax lot number of well location 372
4. attach approved map with location identified.
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

X [Signature]
Owner's Signature

X [Signature]
Bonded Water Well Constructor

OWNER Title
2-12-88 Date

License No. 1207
Company MEDINA WELL DRILLING

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.