

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

Jack 30394

37S/24/2

(START CARD) # 21199

(1) OWNER: Well Number: _____
 Name SHEPPARD OF THE VALLEY/ARCHDIOCESE/PORTLAND
 Address 600 BEEBE ROAD
 City CENTRAL POINT State OR Zip 97502

(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 90 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
6"	68	90	DEEPENING			

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: <u>N/A</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: <u>4"</u>	<u>0</u>	<u>90</u>	<u>160</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30	90	1X8X8	60			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
8GPM		90	1 hr.

Temperature of water 54 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 2 $\frac{1}{4}$ $\frac{1}{4}$
 Tax Lot 3100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME AS #1

(10) STATIC WATER LEVEL:
17 ft. below land surface. Date 9-14-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 17SWL

From	To	Estimated Flow Rate	SWL
75	85	8GPM	17

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
CLAYSTONE, BLUE, SOFT	68	90	17

RECEIVED
 OCT - 3 1990
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 9-14-90 Completed 9-14-90

(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 _____
3266 Hanley Road 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 Jacqueline Medina WWC Number 1207
 Date 9-17-90