

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

NOV 10 1993
 WATER RESOURCES DEPT.
 SALEM OREGON

JACK
 39874

383/1w/28ba
 JCWP#376-93W

(START CARD) # 51290

Salisbury Well Drilling Inc.

(1) OWNER: Well Number 1
 Name Monte Minchow
 Address P.O. Box 366
 City Medford State Ore. 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 Depth of Completed Well 400 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	21	Bent	0	21	400 lbs
6"	21	400				

How was seal placed: Method A B C D E
 Other Poured Dry
 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"	+1	59	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	400	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 59'

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	100	6"	30	1/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	220	"	"	"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	340	"	"	"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
360	400	6"	60	1/8		<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
10		400'	1 hr.

Temperature of Water 56 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 38S N or S. Range 1W E or W. WM. _____
 Section 28 NE 1/4 NW 1/4
 Tax Lot 1400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 2232 Zemke Rd.
Talent, Ore. 97541

(10) STATIC WATER LEVEL:
27 ft. below land surface. Date 10/15/93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 94'

From	To	Estimated Flow Rate	SWL
94	97	7	27
218	220	3	27

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Soil Brown	0	4	
Clay Brown	4	14	
Basalt Gray	14	196	27
Claystone Gray	196	218	
Basalt Gray	218	400	27

Date started 10/14/93 Completed 10/15/93

(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 _____ WWC Number _____
 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 [Signature] WWC Number 1486
 Date 11-6-93