

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

JACK
33546

RECEIVED

AUG 22 1994

388/3w/276

(START CARD) # 69207

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number WATER RES SALEM
 Name Medford School Dist.-Maint. Dept.
 Address 285 Mace Rd.
 City Medford State OR Zip 97501

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

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

| HOLE | | SEAL | | Sacks or pounds |
|--------------------|---------|----------|---------|-----------------|
| Diameter | From To | Material | From To | |
| SEAL NOT DISTURBED | | | | |
| 6 | 176 | 180 | | |

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 | Material | | | |
|--------------|----------|------|-----|-------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | Steel | Plastic | Welded | Threaded |
| Casing: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner: | 4 | 0 | 180 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 123 | 171 | 7 | 105 | 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 |
|---------------|----------|---------------|-------|
| 25 | | 179 | 1 hr. |

Temperature of water 57 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 3W E or W. WM. _____
 Section 27B 1/4 _____ 1/4 _____
 Tax Lot 2100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Ruch Elementary
156 Upper Applegate Rd, Ruch, OR

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date 8/5/94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| | | | |

(12) WELL LOG:

Ground Elevation _____

| Material | From | To | SWL |
|--------------------------------|------|-----|-----|
| Cleanout existing well | | | |
| Drilled 4 ft. in Meta Volcanic | 176 | 180 | 45 |

RECEIVED

NOV 10 1994

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 8/5/94 Completed 8/5/94

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 679
 Signed John Stuebel Date 8/18/94