

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

JACK
34443

34S/01W/10BC

MEDINA WELL DRILLING INC.

(START CARD) # 66541

14

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

(1) OWNER: Well Number _____
 Name MIKE MALEPSY
 Address P.O. BOX 1004
 City SHADY COVE, State OR. Zip 97539

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	58	CEMENT	0	58	15 SACKS
6"	58	340				

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: 6"	+2	58	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	340	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 58

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
240	340	100	1/8X8			<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
30 GPM		340	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 34S N or S Range 1W E or W. WM.
 Section 10BC 1/4 1/4
 Tax Lot 1700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 575 SARMA DR.
SHADY COVE, OR.

(10) STATIC WATER LEVEL:
135 ft. below land surface. Date 8-7-95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 317

From	To	Estimated Flow Rate	SWL
317	325	30 GPM	135

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
SOIL, BROWN	0	2	
CLAY, BROWN	2	16	
TUFF, BROWN	16	46	
TUFF, GREY	46	189	
CINDER, RED, SOFT	189	197	
TUFF, GREY	197	266	
CINDER, RED, SOFT	266	271	
TUFF, GREY SOFT	271	277	
TUFF, GREY, MEDIUM/SOFT	277	340	135

Date started 8-7-95 Completed 8-7-95

(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 1207
 Signed Joaquin Medina Date 8-9-95

Medina Well Drilling, Inc.
 (503) 684-8339
 3288 Hanley Road
 Central Point, OR
RECEIVED
AUG 31 1995
 WATER RESOURCES DEPT.
 SALEM, OREGON