

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

SEP 16 1987

JACK
3907

35S/2W-28

WATER RESOURCES DEPT.

Well Number SALEM, OREGON

LOCATION OF WELL by legal description:

(1) OWNER:
Name GREG ADAMS
Address P.O. BOX 1084
City MEDFORD State ORE Zip 97501

County JACKSON Latitude _____ Longitude _____
Township 35S Nor S, Range 2W E or W, WM.
Section 28 1/4 _____ 1/4 _____
Tax Lot 117 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 14235 TABLE ROCK
ROAD SAMS VALLEY, ORE

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(10) STATIC WATER LEVEL:
31 ft. below land surface. Date 8-17-87
Artesian pressure _____ lb. per square inch. Date _____

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(11) WATER BEARING ZONES:
Depth at which water was first found 36

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

From	To	Estimated Flow Rate	SWL
36	37	8 GPM	
80	81	20 GPM	
165	166	45 GPM	31

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 208 ft.
Yes No
Explosives used Type _____ Amount _____

(12) WELL LOG: Ground elevation _____

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
10"	0 19	CEMENT	0 19	5 SACKS
6"	19 208			

Material	From	To	SWL
SOIL, BROWN	0	1	
CLAY, BROWN	1	4	
SANDSTONE, BROWN	4	7	
SANDSTONE, GREY	7	51	
CLAYSTONE, BLACK	51	63	
SANDSTONE, GREY	63	208	31

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" 1 19 .250
Liner: _____
General location of shoe(s) _____

Date started 8-17-87 Completed 8-17-87

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner

(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 _____

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
45GPM 177 208 1 hr.

(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 8-17-87

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: _____