

JACK
53741

APR 19 2000

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L-37574
START CARD # 125313

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

(1) OWNER: Well Number _____
Name MEDFORD CHRISTIAN CENTER
Address P.O. BOX 4597
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 220 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	34	CEMENT	0	34	10 SACKS
6"	34	220				

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	34	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	220	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 34

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	220	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 7 1/2 gpm Drawdown _____ Drill stem at _____ Time _____
Temperature of water 58 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 15c SW 1/4 NW 1/4
Tax Lot 601 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 4812 S. PACIFIC HWY. PHOENIX

(10) STATIC WATER LEVEL:
44 ft. below land surface. Date 4-3-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 56

From	To	Estimated Flow Rate	SWL
56	209	7 1/2 gpm	44

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL, BROWN	0	2	
CLAY, BROWN	2	9	
CLAY/GRAVEL MIX	9	20	
CLAYSTONE, GRAY	20	220	44

Medina Well Drilling, Inc.
(541) 664-6339
3286 Hanley Road
Central Point, OR 97502

Date started 4-3-00 Completed 4-4-00
(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 4-6-00