

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

WELL I.D. # L 49327
 START CARD # 138587

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

(1) OWNER: MIKE MALEPSY Well Number _____

Name MIKE MALEPSY
 Address 36 MEADOW LN.
 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 240 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	19	CEMENT	0	19	6 SACKS
6"	19	240				

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	240	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 19

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	220	1/8x8	80			<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
5 GPM		240	1 hr.

Temperature of water 59 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 15bd ne 1/4 sw 1/4
 Tax Lot 308 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 125 MARJANE

SHADY COVE
 (10) STATIC WATER LEVEL:
125 ft. below land surface. Date 7-26-01
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 152

From	To	Estimated Flow Rate	SWL
152	153	5 GPM	125

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
SOIL, BROWN	0	2	
CLAY, BROWN	2	7	
VOLCANIC, TUFF, BROWN	7	13	
VOLCANIC, TUFF, GRAY	13	189	
VOLCANIC, TUFF, GRAY RED	189	208	
VOLCANIC, TUFF, GRAY	208	240	125

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

RECEIVED

AUG 07 2001

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 7-26-01 Completed 7-26-01
 (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 Jaqueline Medina Date 7-27-01