

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

**WATER RESOURCES DEPT.**  
**SALEM, OREGON**

(START CARD) # 12857

**OCT 2 1988**  
**JACK 728**

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**34N/1W/16dc**

(1) **OWNER:** Well Number: \_\_\_\_\_  
 Name **JIM MARTINSON**  
 Address **P.O. BOX 1004**  
 City **SHADY COVE,** State **OR** Zip **97539**

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

(3) **DRILL METHOD**  
 Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

(4) **PROPOSED USE:**  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

(5) **BORE HOLE CONSTRUCTION:**  
 Special Construction approval Yes  No  Depth of Completed Well 123 ft.  
 Explosives used  Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	38	CEMENT	0	38	10SACKS
6"	38	123				

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	38	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	123	160 PSI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 38

(7) **PERFORATIONS/SCREENS:**  
 Perforations Method SAW  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	123	1X8X8	80			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50GPM	94	123	1 hr.

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: \_\_\_\_\_

(9) **LOCATION OF WELL by legal description:**  
 County **JACKSON** Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township **34N** N or S, Range **1W** E or W, WM.  
 Section **16DC** 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
 Tax Lot **1700** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) **NEXT TO 6675 ROGUE RIVER DRIVE, SHADY COVE**

(10) **STATIC WATER LEVEL:**  
29 ft. below land surface. Date **9-27-89**  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) **WATER BEARING ZONES:**  
 Depth at which water was first found 54

From	To	Estimated Flow Rate	SWL
54	103	50GPM	29

(12) **WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
SOIL, BROWN	0	2	
CLAY, BROWN	2	14	
CONGLOMERATE, BROWN	14	34	
CLAYSTONE, BROWN, SOFT	34	44	
CLAYSTONE, BLUE, SOFT	44	46	
CLAYSTONE, BROWN	46	48	
CLAYSTONE, BLUE	48	103	
CLAYSTONE, GREY, SOFT	103	123	29

Date started **9-27-89** Completed **9-27-89**

(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.

Signed **MEDINA WELL DRILLING** WWC Number \_\_\_\_\_  
 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 well construction standards. This report is true to the best of my knowledge and belief.  
 Signed *Jacquie Medina* WWC Number **1207**  
 Date **9-27-89**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): Orchard Glade Water Improvement District
Mailing Address: PO Box 223
City: Shady Cove State: OR Zip: 97539
Mailing Address (to send Well I.D.):
City: State: Zip:

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 34 S (North/South) Range: 1 W (East/West) Section: 16
Tax Lot: County: SW 1/4 SE 1/4
Street Address of Well: City:
Owner at time the well was constructed, (if known):
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring):
Date Well Constructed: Total Well Depth: Casing Diameter:
Other Information:

SUBMITTED BY (please print): Jen Woody, OWRD
PHONE: 503-986-0855 FAX:

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:
Received Date: Well Log Number: 103828 Well Identification #: JACK 728