

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

JACK RECEIVED 345/1w/16
734 JUN 30 1989
(START CARD) # 9568

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

(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 163 ft.
Explosives used Yes No Type Amount

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
10"	0 34	CEMENT	0 34	8SACKS
6"	34 163			

How was seal placed: Method A B C D E
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
6"	+2	34	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 34

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 75GPM Drawdown 137 Drill stem at 163 Time 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 16 1/4 1/4
Tax Lot 1400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) NEXT TO 6675
ROGUE RIVER DRIVE, SHADY COVE

(10) STATIC WATER LEVEL:
26 ft. below land surface. Date 6-19-89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 39

From	To	Estimated Flow Rate	SWL
39	42	10GPM	26
144	155	75GPM	26

(12) WELL LOG:

Material	From	To	SWL
SOIL, BROWN	0	2	
CLAY, BROWN	2	6	
BOULDERS, SMALL	6	9	
CONGLOMERATE, BROWN	9	28	
CLAYSTONE, BROWN, HARD	28	42	
CLAYSTONE, BLUE, HARD	42	46	
CLAYSTONE, BROWN, HARD	46	48	
CLAYSTONE, BLUE	48	110	
CLAYSTONE, GREY	110	144	
CLAYSTONE, BROWN	144	151	
CLAYSTONE, BLUE	151	163	26

Date started 6-16-89 Completed 6-19-89

(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 Joaquin Medina WWC Number 1207 Date 6-19-89