

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

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275/54/31 bb

JUL 09 1991

(START CARD) # 29277

*Doug
631*

(1) OWNER:

Name R D J Inc.
 Address 2631 Kline St.
 City Roseburg State OR Zip 97470

Well Number: WATER RES (9) LOCATION OF WELL by legal description:

County Douglas Latitude _____ Longitude _____
 Township 27 N of S Range 5 E of W. WM.
 Section 31 NW 1/4 NW 1/4
 Tax Lot 1300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Booth Street
Roseburg, OR

(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 260 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	59	Cement	0	59	11 sacks
6	59	260				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6	+1	59	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	0	260	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 59 ft.

(7) PERFORATIONS/SCREENS:

Perforations Method saw cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
50	240	1/8x5	228	4		<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
80		240	1 hr.

Temperature of water 51° 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: _____

(10) STATIC WATER LEVEL:

95 ft. below land surface. Date 6/7/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 238

From	To	Estimated Flow Rate	SWL
238	240	80	95

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Brown clay	0	52	
Blue claystone	52	185	
Blue sandstone	185	260	95

Date started 6/7/91 Completed 6/7/91

(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 _____ 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 Doug Spill WWC Number 1284 Date 7/5/91