

#13

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

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JUL 27 1989
Jack
30499
WATER RESOURCES DEPARTMENT

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35S/3W/5
11731

(START CARD) #

(1) OWNER:

Name Rusty Ewalt
Address 14095 E Evans Creek Road
City Rogue River State OR Zip 97537

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Cement	0	18	7 Sacks
6	18	70				

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	SEAL			
				Steel	Plastic	Welded	Threaded
Casing: 6	+2	43	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 43

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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	Drawdown	Drill stem at	Time
100		65	(1 hr.)

Temperature of water 53 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 Wasco Latitude _____ Longitude _____
Township 35 Nor S, Range 3W E or W, WM.
Section 5 _____ 1/4 _____ 1/4
Tax Lot 103 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
14095 E Evans Creek Road

(10) STATIC WATER LEVEL:

2 ft. below land surface. Date 7-12-89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 45

From	To	Estimated Flow Rate	SWL
45	46	5	2
65	70	95	2

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Brown clay	0	28	
Brown clay, sm bits of rock	28	43	
Tombstone granite	43	48	2
Shale very hard	48	70	2

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MAY 1989
GRANITE PAPER CO.

Date started 7-11-89 Completed 7-12-89

(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 Michael Pierce WWC Number 1462
Date 7-12-89

(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 Bob Gunn WWC Number 675
Date 7-14-89