

JACK 50172

RECEIVED

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

DEC - 6 1995

(START CARD) # 76597

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

(1) OWNER: Well Number _____
Name GERALD KIRSTEIN
Address PO BOX 714
City GRANTS PASS State OR Zip 97526

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	26	BENTONITE	0	26	13
6"	26	390				

How was seal placed: Method A B C D E
 Other POURED DRY
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	26	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4	5	390	.160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method SKILL SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
310	390	1/4x6	133			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 159pm Drawdown _____ Drill stem at 390 Time 1 hr.

Temperature of water 61° 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 36S N or S Range 1W E or W. WM.
Section 20 NW 1/4 SW 1/4
Tax Lot 4108 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2564 MERRY LANE

(10) STATIC WATER LEVEL:
31 ft. below land surface. Date 11/21/95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 193

From	To	Estimated Flow Rate	SWL
190	193	79pm	31
271	287	39pm	31
369	372	59pm	31

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown clay w/ gravel	0	3	
TAN SANDY CLAY	3	19	
GREY SANDSTONE	19	42	
TAN SANDSTONE	42	48	
GREY GREEN SANDSTONE	48	190	
GREY GREEN SANDSTONE	190		
BROKEN w/WATER 79pm		193	31
GREY SANDSTONE	193	268	
BLACK SHALE	268	271	
GREY GREEN SANDSTONE	271	287	31
w/ 39pm			
WHITE SILT STONE	287	293	
GREY SANDSTONE	293	324	
GREY GRANITE	324	326	
GREY SANDSTONE	326	348	
GREY GRANITE	348	369	
GREY BROKEN GRANITE	369		
w/ 3 GPM		372	31
WHITE SILT STONE	372	390	

Date started 11/20/95 Completed 11/21/95

(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.
Signed Walter Oley WWC Number 1657 Date 11/21/95

(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.
Signed [Signature] WWC Number 1478 Date 11/21/95