

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

WATER RESOURCES DEPT.
SALEM, OREGON

Jack
833
(START CARD) #

39S/4W/7
14656

(1) OWNER: Well Number: _____
Name GERALDINE DISRUDE
Address 5777 THOMPSON CR RD
City APPLEGATE State OR Zip 97530

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
<u>10</u>	<u>0</u> <u>22 1/2</u>	<u>CEMENT</u>	<u>0</u> <u>21</u>	<u>13 1/2 SACKS</u> <u>30# BENT</u>

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:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>10</u>	<u>0</u>	<u>22 1/2</u>	<u>250</u>	<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) 22 1/2 FT

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>70</u>		<u>83, 103</u>	<u>1 hr.</u>
<u>45</u>		<u>72</u>	<u>1/4</u>
<u>33</u>		<u>62</u>	<u>1/4</u>

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 39S N or S, Range 4W E or W, WM.
Section 7 1/4 _____
Tax Lot 1200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 5777 THOMPSON CR RD
(PASTURE)

(10) STATIC WATER LEVEL:
14 ft. below land surface. Date 11-10-89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 40

From	To	Estimated Flow Rate	SWL
<u>40</u>	<u>40</u>	<u>3</u>	
<u>58</u>	<u>58</u>	<u>5 1/2</u>	
<u>66</u>	<u>66</u>	<u>12</u>	
<u>78</u>	<u>78</u>	<u>50</u>	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>SOIL BROWN</u>	<u>0</u>	<u>1</u>	
<u>CLAY BROWN</u>	<u>1</u>	<u>17</u>	
<u>BASEALT BLACK</u>	<u>17</u>		
<u>FRACTURES AT 40, 58</u> <u>66, 78</u>			
<u>WITH RIBS OF GREY/GREEN</u> <u>METAMORPHIC SANDSTONE</u>			
<u>66 - 78</u>		<u>103</u>	

Date started 11-9-89 Completed 11-10-89

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, 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. 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 PIONEER DRILLING WWC Number 796
Date _____