

SEP - 6 1989

Jose
13480

37S/5W/28db

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

WATER RESOURCES DEPARTMENT

(START CARD) # 8516

(1) OWNER: Well Number: 3
Name John Justema
Address 3244 Williams Hwy.
City Grants Pass State OR Zip 97527

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

HOLE			SEAL			Amount sacks or pounds	
Diameter	From	To	Material	From	To		
	10	0	25	Cement	0	25	8 sacks
	6	25	250				

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	Steel	Plastic	Welded	Threaded
Casing: 6	+2	27	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4	+2	250	160	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 27

(7) PERFORATIONS/SCREENS:
 Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
210	250	1/2 x 5	80			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
6		250	(1 hr.)
6		200	

Temperature of water 52 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 Joseph Latitude _____ Longitude _____
Township 37 N or S, Range 5W E or W, WM.
Section 28 NW 1/4 SE 1/4
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hillview

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 8-29-89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 31

From	To	Estimated Flow Rate	SWL
31	32	2	30
42	43	1	30
86	87	1	30
131	132	2	30

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Large boulder	0	5	
Decomposed granite	5	33	30
Tombstone granite, Frac.	33	38	
Tombstone granite	38	250	30

RECEIVED
SEP 5 1989
WATER RESOURCES DEPARTMENT

Date started 8-29-89 Completed 8-29-89

(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 Mike Ruice WWC Number 1462 Date 8-29-89

(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 Quinn WWC Number 675 Date 8-29-89