

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

JOSE
 13632

1173 - 1 1989

36s/6w/23dc

(START CARD) # 11733

(1) OWNER:

Well Number: WATER
 Name Tony Hecker
 Address 3593 Rogue River 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 70 ft.
 Yes No

Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
	10	0	Cement	0	25	9 sacks
	6	25			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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6	+2	54	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) 54

(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"/>
						<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
38		70	(1 hr.)
38		53	

Temperature of water 54 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 36 N or S, Range 6W E or W, WM.
 Section 23 SW $\frac{1}{4}$ SE $\frac{1}{4}$
 Tax Lot 4200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
Willow Lane

(10) STATIC WATER LEVEL:

8 ft. below land surface. Date 7-25-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 58

From	To	Estimated Flow Rate	SWL
58	70	38	8

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
Brown clay	0	10	
Brown clay, sm gravel, decomposed granite	10	56	
Small-med gravel- sandy	56	70	8

RECEIVED
 JUL 31 1989

Date started 7-25-89 Completed 7-25-89

(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 7-25-89

(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 7-25-89