

14

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

Jose  
16345

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MAR - 9 1993

365/6w/27a

(START CARD) # 49010

(1) OWNER:

Name Tony Hecker  
Address 3593 Rogue River Hwy  
City Grants Pass State OR Zip 97527

Well Number \_\_\_\_\_ WATER RESOURCES DEPT. SALEM

(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	6 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:

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	118	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) 118

(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"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
36		248	( 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 Joseph Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 36 N or S. Range 6 E or W. WM.  
Section 27 NE  $\frac{1}{4}$  NE  $\frac{1}{4}$   
Tax Lot 300 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_  
1898 Hubbard Lane

(10) STATIC WATER LEVEL:

21 ft. below land surface. Date 2/3/93  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 123

From	To	Estimated Flow Rate	SWL
123	126	10	21
138	139	8	21
162	165	12	21
210	212	6	21

(12) WELL LOG:

Ground elevation \_\_\_\_\_

Material	From	To	SWL
Top soil, unconsolidated	0	2	
Brown clay, medium gravel, unconsolidated	2	16	
Decomposed granite, firm consolidated	16	80	
Decomposed granite, black, white, firm, consolidated	80	178	21
Tombstone granite, hard, black, white, consolidated	178	250	21

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WM. DIST. 14  
GRANTS PASS, ORE.

Date started 2/2/93 Completed 2/4/93

(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 William K. Howard WWC Number 1590  
Date 2/4/93

(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 2/24/93