

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

**JOSE**  
**16499**

35S/6W/7dd  
**RECEIVED**

(START CARD)

(1) **OWNER:** Well Number \_\_\_\_\_  
 Name B. H. Miquet

Address 2260 N.W. 9th Ave  
 City Grants Pass State OR Zip 97521

(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 204 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount sacks or pounds
Diameter	From	To	Material	
3"			Already in place	

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
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	Retrieved	10'		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_  
 (7) **PERFORATIONS/SCREENS:**  
 Perforations Method N/A  
 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 \_\_\_\_\_

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 Joseph Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 35 N or (S) Range \_\_\_\_\_  
 Section 7 **SE SALEM, OREGON**  
 Tax Lot 1600 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 1044 Crown Rd  
Merlin Oregon

(10) **STATIC WATER LEVEL:**  
 \_\_\_\_\_ ft. below land surface. N/A Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) **WATER BEARING ZONES:**  
 Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
<u>N/A</u>			

(12) **WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
Established Depth		174	
Retrieved 110x6" PVC LINER which MEAN 80' LINER REMAIN IN hole			
SAND washed in			
Customer Stop work CONCERNING Retrieval PVC LINER			
Second Party Threaten LAW SUIT.			
Third Party is me			

Date started 7 April 93 Completed 21 April 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.

WWC Number \_\_\_\_\_  
 Signed \_\_\_\_\_ 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. 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.

WWC Number 778  
 Signed William H. Shoran Date 21 April 93