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WATER RESOURCES DEPT.
SALEM, OREGON

Jose 16949

39s/5w/5aa

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

(START CARD) # 55134

(1) OWNER:
Well Number 3
Name Herb Pharm/Tim Blakley
Address P O Box 116
City Williams State OR Zip 97544

(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 275 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
10	0	40	Bentonite	0	40	17 sacks
6	40	275				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured dry
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	44	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 44

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
80		270	(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 39 N or S. Range 5W E or W. WM.
Section 5 NE ¼ NE ¼
Tax Lot 104 Lot Block Subdivision
Street Address of Well (or nearest address)
1375 Kincaid Road

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 3-30-94
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 45

From	To	Estimated Flow Rate	SWL
45	47	10	18
117	119	25	18
181	200	30	18
262	265	15	18

(12) WELL LOG:
Ground elevation

Material	From	To	SWL
Gravel, brown clay, unconsolidated	0	26	
Decomposed granite, consolidated	26	33	
Tombstone granite, brown, black, white, very fractured, consolidated	33	262	18
Tombstone granite, hard, consolidated	262	275	18

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APR 12 1994
WM. DIST. 14
GRANTS PASS, ORE.

Date started 3-29-94 Completed 3-30-94

(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 3-30-94

(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 Robert E. Quinn WWC Number 675
Date 4-5-94

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 10/91