

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

14
JOSE
17276

RECEIVED

SEP - 6 1994

37S/5W/25E
68975

WATER RESOURCES DEPARTMENT

(START CARD) #

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
Name TOM KIRCHEN
Address 705 MISSOURI FLAT
City GRANTS PASS State OR Zip 97527

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 202 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
6"	102	202				

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	-3	202	160	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 2 RIVETS

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
42	102	6"	117	1/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>
122	162	6"	90	1/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>
182	202	6"	32	1/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
17 1/2		202	1 hr.

Temperature of water 55° 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 JOSEPHINE Latitude _____ Longitude _____
Township 37S N or S Range 5W E or W. WM. _____
Section 25 NE 1/4 SE 1/4 _____
Tax Lot 1800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
42 ft. below land surface. Date 8-8-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
0	102	13 1/3	42
142	162	3 2/3 - 4+	42

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
GRANITE BLUE/GREY	102	156	
DIORITE GREY	156	184	
GRANITE GREY	184	202	

Date started 8-8-94 Completed 8-8-94

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
PIONEER DRILLING WWC Number 796
Signed Paul Kason Date 8-8-94