

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

14
JOSE
17277

38S/5W/33cd

(START CARD) # 68961

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

(1) OWNER: Well Number _____
Name ED KING
Address 660 KINCAID
City WILLIAMS State OR Zip 97544

(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			Sacks or pounds
Diameter	From	To	Material	From	To	
6"	73	202				
				N/C		

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"	-1	202	160	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 2 SHELVETS

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
82	202	6"	216	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
30		202	1 hr.
24		102	1/4 hr.

Temperature of water 57° 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 38 S N or S Range 5W E or W. WM.
Section 33 SE 1/4 3W 1/4
Tax Lot 600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME AS (1)

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 8-6-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found SEE BELOW

From	To	Estimated Flow Rate	SWL
0	73	5 1/2	15
73	102	6 1/2	15
102	122	2	15
122	142	9	15
142	182	4	15

(12) WELL LOG: 182 202 3 15
Ground Elevation _____

Material	From	To	SWL
CLEANED OUT 5-10 FT OF DECOMPOSED OR CRUMBLY WEATHERED GRANITE.			
GRANITE GREY WEATHERED	73	76	
GRANITE GREY	76	112	
" " GREEN	112	138	
DIORITE GREY	138		
BROKEN AT 138			
BROWN BROKEN AT 149-150		167	
GRANITE GREY	167	189	
DIORITE GREEN	189	196	
GRANITE GREY	196	202	

Date started 8-6-94 Completed 8-6-94

(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.

Signed PIONEER DRILLING WWC Number 796
Paul King Date 8-6-94