

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

**JOSE**  
**41686**

385/8w/11

(START CARD) # **43952**

(1) OWNER: Well Number \_\_\_\_\_  
 Name Mrs. Vandermark  
 Address P.O. Box 111  
 City Selma State OR Zip 97538

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

HOLE Diameter	SEAL		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
10"	0	18	Bentonite	0	18	11 sacks
6"	18	200				

How was seal placed: Method  A  B  C  D  E  
 Other pour'd

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
6"	11	94	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:							

Final location of shoe(s) 94'

(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 3 Drawdown \_\_\_\_\_ Drill stem at 200 Time 1 hr.

Temperature of Water 50 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 N or S Range 8 E or W WM.  
 Section 11 1/4 1/4  
 Tax Lot 103 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Street Address of Well (or nearest address) 18250 Redwood Hwy., Selma

(10) STATIC WATER LEVEL:  
30 ft. below land surface. Date 9/17/92  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 63'

From	To	Estimated Flow Rate	SWL
63'	64'	3 gpm	30

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

Material	From	To	SWL
Clay & Gravel	0	11	
Black shale	11	200	30

**RECEIVED**

OCT - 2 1992

WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started 9/14/92 Completed 9/17/92

(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 Samuel A. Decker WWC Number 1535  
 Date 9/28/92

(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 Samuel A. Decker WWC Number 1379  
 Date 9/28/92