

#14

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

JOSE
45250

88

37S/5W/25 da

(START CARD) # 22934

(1) OWNER: Well Number: _____
Name CLYDE & MARILYN MATHNEY
Address 705 MISSOURI FLAT RD
City GRANTS PASS State OR Zip 97527

(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 102 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	26	CEMENT	0	26	8 1/4 SACKS 25# BENT

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:

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded	Threaded
					From	To	From	To		
Casing	6"	+1	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	4"	-4	102		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of sheets) N/A

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
43	102	6"	126	1/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
Yield gal/min 13 Drawdown _____ Drill stem at 82 Time 1 hr.
14- 102

Temperature of water 61° 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) 705 MISSOURI FLAT RD

(10) STATIC WATER LEVEL:
36 ft. below land surface. Date 3-11-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 74 FT

From	To	Estimated Flow Rate	SWL
74	82	13	36
82	102	1-	<5

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
SOIL BROWN WITH ROCK	0	2	
CLAY BROWN SANDY	2		
WITH ROCK		16	
DECOMP. GRANITE BROWN	16	57	
DECOMP. GRANITE	57		
GREEN/BROWN		74	
DECOMP. GRANITE BROWN	74	88	
GRANITE GREEN	88	92	
GRANITE WEATHERED	92		
BROWN/GREEN		102	

Date started 3-11-91 Completed 3-11-91

(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.
PIONEER DRILLING WWC Number 796
Signed [Signature] Date 3-12-91