

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 71704  
START CARD # 167123

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

(1) LAND OWNER Name Larry Kremenek Well Number \_\_\_\_\_  
Address 699 Jumpoff Joe Creek  
City Grants Pass State OR Zip 97526

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	25	Bentonite	0	25	18 sacks
6	25	200				

How was seal placed: Method  A  B  C  D  E  
 Other Dry Poured  
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	25	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	0	177	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) 25

(7) PERFORATIONS/SCREENS: Saw

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
157	177	4x6	100			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
20		200	1 hr.
20		150	
20		125	

Temperature of water 58 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 34 N or S Range 6 E or W. WM.  
Section 36 NW 1/4 SW 1/4  
Tax Lot 1200 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 699 Jumpoff Joe Creek RD

(10) STATIC WATER LEVEL:  
50 ft. below land surface. Date 7/13/04  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 146

From	To	Estimated Flow Rate	SWL
146	150	15	
180	190	5	

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

Material	From	To	SWL
Brown Clay Large Boulders Consolidated	0	25	
Brown Rotten Basalt Consolidated	25	75	
Gray Basalt Consolidated	75	200	

Date started 7/12/04 Completed 7/13/04

(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.  
Signed Michael Pierce WWC Number 1251 Date 7/19/04

(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 Michael Pierce WWC Number 1251 Date 7/19/04