

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

MAR 2 1989

Plans
621

15S/4W/28
7960

(START CARD) #

(1) OWNER:
 Name Reeksten Farms Inc. Well Number: 391
 Address 220 E 18th Junction City OR
 City Junction City State OR Zip 97448

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
16"	0 18	Cement	0 18	13 Sacks
12"	18 44			

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: 12"	+1'	44'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 44 ft

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
20	39	3/4x5	210			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 200+ Drawdown _____ Drill stem at 44 Time 1 hr.

Temperature of water _____ 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 Lane Latitude _____ Longitude _____
 Township 15 S N or S, Range 4 W E or W, WM.
 Section 28 1/4 _____ 1/4 _____
 Tax Lot 00700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Dane Ln. JC

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 2/21/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 19 ft

From	To	Estimated Flow Rate	SWL
19	39	200+ GPM	10

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	
Dark Brown Clay	2	6	
Clay & Gravel	6	19	10
Sand & Gravel	19	31	10
Yellow Clay & Gravel	31	36	10
Sand & Gravel	36	39	10
Blue Clay	39	44	10

Date started 2/16/89 Completed 2/21/89

(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.
 WWC Number 1751
 Signed Donald J. Jovine Date 3/6/89