

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

RECEIVED
 (WASCO 2188) DEC 16 1994

65/17e/21ac
 (START CARD) # W-48029

(1) OWNER:

Name Justesen Land
 Address P. O. Box 90
 City Grass Valley OR 97029 Zip 97029

(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 Stock

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 177 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Amount
10"	0	25	Bentonite	0	25	13 sacks
6"	25	176				

How was seal placed: Method A B C D E
 Other Poured in oversized hole around 6" casing
 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	Final location of shoets)
Casing: 6"	1	25	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25 ft
Liner: 4 1/2"	18	157	Sch. 40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(7) PERFORATIONS/SCREENS:

Perforations Method electric drill
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
165	175	1/4"	480		4 1/2" i.d.	<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
50 GPM		166	1 hr.

Temperature of water 54° 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 Wasco Latitude _____ Longitude _____
 Township 6 S Nor S. Range 17 E E or W. WM. _____
 Section 21 NE 1/4 NE 1/4
 Tax Lot 1901 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Hwy 97, Mile Post 52

(10) STATIC WATER LEVEL:

100 ft. below land surface. Date 11-16-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 156

From	To	Estimated Flow Rate	SWL
156	176	50 GPM	100

(12) WELL LOG:

Ground elevation approx 1300 ft

Material	From	To	SWL
Soil, Black	0	2	
Rock, gray broken	2	8	
Rock, gray hard	8	19	
Rock, porous brown	19	28	
Rock, porous gray	28	53	
Rock, gray hard	53	73	
Rock, porous gray	73	88	
Rock, gray hard	88	130	
Rock, gray	130	146	
Clay, yellow	146	156	100
Rock, porous red	156	176	100

Date started 10-25-94 Completed 11-16-94

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
 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.

Signed Gilbert Chappin WWC Number 569
 Date 12-13-94



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

RECEIVED

DEC 18 2008

WATER RESOURCES DEPT
SALEM, OREGON

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): Fred, Jonnie, Jana, Roger and Evelyn Justesen
Mailing Address: 59720 Twin Lakes Road
City: Grass Valley State: Oregon Zip: 97029
Mailing Address (to send Well I.D.): Same
City: State: Zip:

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 6S (North/South) Range: 17E (East/West) Section: 21
Tax Lot: County: Wasco 1/4 1/4
Street Address of Well: Hwy 97 Mile Post 52 City:
Owner at time the well was constructed, (if known): Justesen
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring):
Date Well Constructed: 11-94 Total Well Depth: 176 Casing Diameter:
Other Information:

SUBMITTED BY (please print): Fred Justesen
PHONE: 541-333-2311 FAX:

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:

Received Date: 12/18/08 Well Log Number: WASC 2188 Well Identification #: 99856