MEGEWEU

STATE OF OREGON

WATER WELL REPORT

JUN 221989

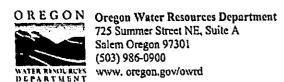
Jack 14

38s/4w/8 cd

(as required by ORS 537.765) (START CARD) # Water resourc Well Number ALEN, ONE (1) OWNER: LOCATION OF WELL by legal description: Name Rousseau County Ckson Latitude _____ Longitude Address N. Applegate Rd. 13901 _ Nor S, Range 4W Township 38S City Grants Pass (2) TYPE OF WORK: New Well Deepen ☐ Recondition Street Address of Well (or nearest address) (3) DRILL METHOD 16188 N. Applegate Rd. Rotary Air ☐ Rotary Mud ☐ Cable (10) STATIC WATER LEVEL: Other Date 6/8/89 45 ft. below land surface. (4) PROPOSED USE: Artesian pressure _ lb. per square inch. N Domestic ☐ Community ☐ Industrial ☐ Irrigation (11) WATER BEARING ZONES: Other ☐ Thermal ☐ Injection (5) BORE HOLE CONSTRUCTION: Depth at which water was first found _ Special Construction approval Yes No Vas No X Depth of Completed Well 120 From Estimated Flow Rate SWL Yes 75 90 Explosives used Type Amount SEAL Amount Diameter From Material sacks or pounds 10 Sacks From Cement (12) WELL LOG: 120 Ground elevation Material From SWL То Brown Clay 14 Light Brown Clay Backfill placed from_ ft. to _ Material Gravel placed from ____ ft. to _ ft. Size of gravel <u>Broken Brown and Black</u> (6) CASING/LINER: Clay Stone 120 45 Steel Plastic Welded Threaded 囟 Liner: П П 78**T** Final location of shoe(s) _ (7) PERFORATIONS/SCREENS: ☐ Perforations Method _ ☐ Screens Type _ _ Material Slot Tele/pipe To From Number, Diameter Casing size Liner П П Date started. (unbonded) Water Well Constructor Certification: (8) WELL TESTS: Minimum testing time is 1 hour I certify that the work I performed on the construction, alteration, or 🛱 Air abandonment of this well is in compliance with Oregon well construction ☐ Pump ☐ Bailer standards. Materials used and information reported above are true to my best Yield gal/min Drawdown Drill stem at Time knowledge and belief. WWC Number 1 hr. Signed (bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment Temperature of water _50 Depth Artesian Flow Found work performed on this well during the construction dates reported above. all Yes By whom . Was a water analysis done? work performed during this time is in compliance with Oregon well Did any strata contain water not suitable for intended use?

Too little construction standards. This report is true to the best of my knowledge and ☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other. WWC Number

Depth of strata:



Last Update: 02/22/2021

Application for Well ID Number

| Do not complete if the well already has a Well Identification Number. | RECEIVED |
|--|--|
| | APR 12 2023 |
| I. OWNER INFORMATION Current Owner Name (please print): Soan Spence | OWRD |
| Mailing Address: 16394 N Apolegate Rd | |
| City, State, Zip: Grants Pass OK 97527 | |
| Mail Well ID to: SAME AS ABOVE In Care Of (C/O) | |
| Name & Address: | |
| City, State, Zip: | |
| II. WELL LOCATION INFORMATION (Please fill out as completely as possible) Township: 38 (North / South) Range: 4W (East / West) Section: 8 54 Tax Lot (usually last 3-5 numbers of Tax Map #): 600 County Jackson GPS Coordinates: 42.27537673 -123.19904403 Street Address of Well, City: 16394 N Appleage Rd Grants Pass 02 979 If the property had a different street address in the past: 16188 N Appleage R | 1/4 of the <u>SE</u> 1/4 527 (was nearest) |
| HI. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of W. Use of Well (domestic, irrigation, commercial, industrial, monitoring): | |
| Date Well Constructed (or property built): 6/8/89 despn 8/20/00Total Well Depth: 180' Casin | ng Diameter: |
| Owner at time the well was constructed (if known): Clar Rousseau Well Report # (if known) | |
| Other Information: | JACK 30365 |
| SUBMITTED BY (please print): Sean Spence PHONE: (541) 326-5677 EMAIL & for FAX: Stanspence 28 @ hotmai) | licon |
| Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 9730 or you are welcome to email the completed form to Ladeena.K.Ashley@oregon.gov. | 01, fax to (503) 986-0902, |
| For Official Use Only by the Oregon Water Resources Department: | |
| Received Date: Well Report Number: | Well Identification #: |