JACK 30365

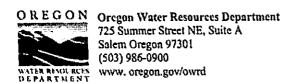
STATE OF OREGON

WATER WELL REPORT (as required by ORS 537.765)

	385/46/8	Cd
--	----------	----

(START CARD) # ZOSO)

(as required by Oris obtilloo)		
(1) OWNER: Well Number:	(9) LOCATION OF WELL by legal description:	
City Grants Pars State OR Zip 97527	Township Range 4 E of WM WM Section Section	i.
(2) TYPE OF WORK:	Section	
□ New Well □ Deepen □ Recondition □ Abandon	Street Address of Well (or nearest address)	
(3) DRILL METHOD	M. Applegate Vd. 16188	_
Rotary Air Rotary Mud Cable	(10) STATIC WATER LEVEL:	_
Other	30 ft. below land surface. Date 13049	<u> </u>
(4) PROPOSED USE:	Artesian pressure lb. per square inch. Date	
Domestic Community Industrial Irrigation	(11) WATER BEARING ZONES:	_
☐ Thermal ☐ Injection ☐ Other	Depth at which water was first found	
(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well ft.		WL
Yes No. Depth of Completed Well 1.	120 120 8 30	
Explosives used		\exists
HOLE SEAL Amount		
Diameter From To Material From To sacks or pounds		
	(12) WELL LOG: Ground elevation	
		WL
	HOND Grey BEDrock 120 180 30	<u></u>
How was seal placed: Method		
Other		
Backfill placed fromft. toft. Material		
		—
(6) CASING/LINER: Diameter From To Gauge Steel Plastic Welded Threaded		
Casing:		
	\$ 12 July 12 7 3 8 1 4 7 1	
Liner:	N 1000	
Final location of shoe(s)	SEP 1 / 1990	
(7) PERFORATIONS/SCREENS:		
Perforations Method	William St. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	
Screens Type Material	N. 188, 2., 7., 1. Note 1	
Slot Tele/pipe		
From To size Number Diameter size Casing Liner		
		-
	Date started 2130190 Completed 8130190	
	(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	a. or
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian	abandonment of this well is in compliance with Oregon well construc	tion
Yield gal/min Drawdown Drill stem at Time	standards. Materials used and information reported above are true to my knowledge and belief.	best
1	Signed WWC Number 144 Date 91,2195	<u>9</u>
- (15 <i>L</i>) Am.	Signed Date 41,2195	
	(bonded) Water Well Constructor Certification:	
Temperature of water Depth Artesian Flow Found University of the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all		
Was a water analysis done?	Was a water analysis done? Yes By whom 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 1379		14
Depth of strata:	Signed Janes ? (Ivella Date 9112190	



Received Date:

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.	RECEIVED
	APR 12 2023
I. OWNER INFORMATION	OWRD
Current Owner Name (please print): Soan Spence	
Mailing Address: 16394 N Appleante Rd	
City, State, Zip: Growtz Pags 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)	
· · · · · · · · · · · · · · · · · · ·	of the SE 1/4
	1/4
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 Appleante Rd Grants Pass OK 9752	27
If the property had a different street address in the past: 16188 N Applegate	(was nearest)
•	
III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well	l Report, if available)
Use of Well (domestic, irrigation, commercial, industrial, monitoring): dowestic, irrigation,	
Date Well Constructed (or property built): 6/8/89 death 8/30/10 Total Well Depth: 180' Casing	Diameter: 6"
Owner at time the well was constructed (if known): Class Rousseau Well Report # (if known):	
Other Information:	JACK 30365
SUBMITTED BY (please print): Sean Spence	
PHONE: 541 326-5677 EMAIL &/or FAX: Stanspenie 28 @ hotmaile	G'4
	-
Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301, or you are welcome to email the completed form to Ladeena.K.Ashley@oregon.gov.	, fax to (503) 986-0902,

Last Update: 02/22/2021 Well I.D. Number/2 WCC

For Official Use Only by the Oregon Water Resources Department:

Well Report Number:

Well Identification #: