

JACK 30365

385/4w. 8 cd

STATE OF OREGON

WATER WELL REPORT
(as required by ORS 537.765)

(START CARD) # 20801

(1) **OWNER:**
 Well Number: _____
 Name LIA ROUSSEAU
 Address 13901 N. Applegate Rd.
 City Grants Pass State OR Zip 97527

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

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
6"	120-120			

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:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
8		160	1 hr.

Temperature of water 50 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 Jackson Latitude _____ Longitude _____
 Township 38 N of R. Range 4 E of W, WM.
 Section 8 SE $\frac{1}{4}$ SW $\frac{1}{4}$
 Tax Lot 600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address)
13901 N. Applegate Rd. 116189

(10) **STATIC WATER LEVEL:**
30 ft. below land surface. Date 8/30/90
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 120

From	To	Estimated Flow Rate	SWL
<u>120</u>	<u>120</u>	<u>8</u>	<u>30</u>

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
Hard Grey Bedrock	120	120	30

SEP 17 1990

Date started 8/30/90 Completed 8/30/90

(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 1419
 Date 9/12/90

(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 Samuel E. Cavella WWC Number 1379
 Date 9/12/90



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem Oregon 97301
 (503) 986-0900
 www.oregon.gov/owrd

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): Sean Spence
 Mailing Address: 16394 N Applegate Rd
 City, State, Zip: Grants Pass OR 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 SW 1/4 of the SE 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 Applegate Rd Grants Pass OR 97527
 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 Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): domestic, irrigation
 Date Well Constructed (or property built): 6/8/89 deep 8" dia Total Well Depth: 180' Casing Diameter: 6"
 Owner at time the well was constructed (if known): Cliff Rousseau Well Report # (if known): Jack 17614
 Other Information: JACK 30365

SUBMITTED BY (please print): Sean Spence
 PHONE: (541) 326-5677 EMAIL &/or FAX: seanspence28@hotmail.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301, fax to (503) 986-0902, or you are welcome to email the completed form to Ladeena.K.Ashley@oregon.gov.

<i>For Official Use Only by the Oregon Water Resources Department:</i>		
Received Date: <u>4-12-2023</u>	Well Report Number: <u>JACK 17614 (orig)</u> <u>JACK 30365 (deep)</u>	Well Identification #: <u>L-151415</u>