

14

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

JACK
30970

JACK 30970

RECEIVED

AUG 15 1991

375/42/31 CC

(START CARD) # 31018

(1) OWNER:

Name Manuel L. Gegunde Well Number: _____
Address 1494 Kubli Road
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 180 ft.
Yes No
Explosives used Type _____ Amount _____

| HOLE | | | SEAL | | Amount sacks or pounds | |
|----------|------|-----|----------|---------|---------------------------|---------|
| Diameter | From | To | Material | From To | | |
| 10 | 0 | 39 | Cement | 0 | 39 | 9 sacks |
| 6 | 39 | 180 | | | | |

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: 6 | +1 | 39 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: 4 1/2 | 0 | 180 | 160 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) 39 ft.

(7) PERFORATIONS/SCREENS:

Perforations Method saw cut
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 20 | 170 | 1/8x5 | 180 | 4 1/2 | | <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 | | 175 | 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: _____

WATER RESOURCES DEPT

(9) LOCATION OF WELL by legal description:

County Jackson Latitude _____ Longitude _____
Township 37 N of S Range 4 E or W W.M. 2
Section 31 SW 1/4 SW 1/4
Tax Lot 1300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1494 Kubli Road
Grants Pass, OR

(10) STATIC WATER LEVEL:

26 ft. below land surface. Date 7/9/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 55 ft.

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 55 | 60 | 2 | 26 |
| 118 | 119 | 4 | 26 |
| 132 | 134 | 16 | 26 |
| 169 | 171 | 27 | 26 |

(12) WELL LOG:

Ground elevation _____

| Material | From | To | SWL |
|--------------------|------|-----|-----|
| Brown clay | 0 | 19 | |
| Brown sandstone | 19 | 34 | |
| Decomposed granite | 34 | 180 | 26 |

Date started 7/9/91 Completed 7/9/91

(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. A 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 1284
Signed [Signature] Date 8/9/91



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

APR 29 2016

WATER RESOURCES DEPT
SALEM, OREGON

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

I. OWNER INFORMATION

Current Owner Name (please print): Gary Conner
Mailing Address: 1494 Kubli Rd
City, State, Zip: Grants Pass, OR 97527
Mail Well ID Tag to: [X] SAME AS ABOVE [] In Care Of (C/O) - do not mail
Name & Address:
City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 37 (North / South) Range: 4 (East / West) Section: 31 SW 1/4 of the SE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 1300 County Jackson
GPS Coordinates: 42.303913N, 123.218145W
Street Address of Well, City: Same as above
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 07/09/1991 Total Well Depth: 180 Casing Diameter: 6in
Owner at time the well was constructed (if known): Manuel L. Gegunde Well Log # (if known): JACK 30970
Other Information:

SUBMITTED BY (please print): Michael Thoma - OWRD
PHONE: EMAIL &/or FAX:

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:
Received Date: 04/29/2016
Well Log Number: L 117781
Well Identification #: JACK 30970