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JACK 30972

Jack 30972

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AUG 15 1991

WATER RESOURCES DEPT. SALEM, OREGON

36S/4W/31 bc

32353

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

(START CARD) # 32353

## (1) OWNER:
Well Number: 1

Name JOE WICK

Address 840 SAVAGE CREEK 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 260 ft.

Explosives used Yes ☐ No ☒ Type ____ Amount ____

| HOLE Diameter | From | To | SEAL Material | From | To | Amount sacks or pounds |
|---|---|---|---|---|---|---|
| 10 | 0 | 18 | BENTONITE | 0 | 18 | 400 |
| | | | | | | |
| | | | | | | |
| | | | | | | |

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other DRY POUR BENTONITE

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 | +74 | 250 | ☒ | ☐ | ☒ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| Liner: | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Final location of shoe(s) -74'

## (7) PERFORATIONS/SCREENS:
☐ Perforations Method ____

☐ Screens Type ____ Material ____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|---|---|---|---|---|---|---|---|
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

## (8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---|---|---|---|
| 8 GPM | | 257' | 1 hr. |
| | | | |
| | | | |

Temperature of water 56° 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 36 N or S, Range 4W E or W, WM.

Section 31 SW ¼ NW ¼

Tax Lot 800 Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) 840 SAVAGE CK GRANTS PASS, OR. 97527

## (10) STATIC WATER LEVEL:
51 ft. below land surface. Date 7-24-91

Artesian pressure ____ lb. per square inch. Date ____

## (11) WATER BEARING ZONES:
Depth at which water was first found 78'

| From | To | Estimated Flow Rate | SWL |
|---|---|---|---|
| 78 | 79 | 1 GPM | 51 |
| 114 | 115 | 2 GPM | 51 |
| 140 | 142 | 3 GPM | 51 |
| 168 | 170 | 2 GPM | 51 |

## (12) WELL LOG:
Ground elevation ____

| Material | From | To | SWL |
|---|---|---|---|
| RED CLAY & ROCK | 0 | 15 | |
| CLAY & ROCK-HARDER | 15 | 42 | |
| BLACK SHALE | 42 | 64 | |
| BROKEN BASALT | 64 | 78 | |
| FRACTURED BASALT | 78 | 79 | 51 |
| BROKEN BASALT | 79 | 114 | |
| FRACTURED BASALT | 114 | 115 | 51 |
| BASALT | 115 | 140 | |
| FRACTURED BASALT | 140 | 142 | 51 |
| BASALT | 142 | 168 | |
| FRACTURED BASALT | 168 | 170 | 51 |
| BLACK BASALT | 170 | 200 | |
| BLACK BASALT/QUARTZ | 200 | 223 | |
| BLACK BASALT | 223 | 260 | |

Date started 7-22-91 Completed 7-24-91

**(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. 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. AQUA DRILLING WWC Number 552

Signed Robert Barbyte Date 8-7-91

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 3/88

JACK 30972

L-55121

# WELL IDENTIFICATION FORM

Owner's Well Number: Jack 30972

CURRENT WELL OWNER: Phone

RECEIVED
NOV - 9 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Name: Paula J. Wick -

Mailing Address: 3610 Rogue River Hwy #113

City: Grants Pass State: OR Zip: 97527

L-55121

WELL LOCATION:

County: Jackson Latitude: Longitude:

Township: 36 N or S, Range: 4W E or W Section: 31 1/4 1/4

Tax Lot Number: 800

Street Address of Well (if different from above): 840 Savage Crk
Grants Pass OR 97527

*If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.*

WELL INFORMATION:

Start Card Number: Approx. Construction Date:

Well Constructor:

Name of Owner at Time of Construction:

Well Depth (in feet): Static Water Level (in feet):

Diameter of Exposed Well Casing (in inches):

Does this well have a formal water right associated with it? Yes: No: If yes:

Application #: Permit #: Certificate #:

Please Return Completed Form to: Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number: