

WATER WELL REPORT

WATER RESOURCES DEPARTMENT  
SALEM, OREGON 97310  
within 30 days from the date of well completion.

STATE OF OREGON

State Well No. 375/4W-3102

State Permit No.

**RECEIVED**  
(Please type or print)  
(Do not write above this line)

*JACK*  
*33910*

NOV 14 1977

**(1) OWNER:**

Name Dick Troon WATER RESOURCES DEPT.  
Address 1475 Kubli Road SALEM, OREGON  
Grants Pass, OR 97526

**(2) TYPE OF WORK (check):**

New Well  Deepening  Reconditioning  Abandon   
If abandonment, describe material and procedure in Item 12.

**(3) TYPE OF WELL:**

Rotary  Driven   
Cable  Jetted   
Dug  Bored

**(4) PROPOSED USE (check):**

Domestic  Industrial  Municipal   
Irrigation  Test Well  Other

**CASING INSTALLED:**

Threaded  Welded   
0" Diam. from 0 ft. to 100 ft. Gage 2.50  
" Diam. from ft. to ft. Gage  
" Diam. from ft. to ft. Gage

**PERFORATIONS:**

Perforated?  Yes  No.  
Type of perforator used \_\_\_\_\_  
Size of perforations in. by in.  
\_\_\_\_\_ perforations from ft. to ft.  
\_\_\_\_\_ perforations from ft. to ft.  
\_\_\_\_\_ perforations from ft. to ft.

**(7) SCREENS:**

Well screen installed?  Yes  No  
Manufacturer's Name \_\_\_\_\_  
Type \_\_\_\_\_ Model No. \_\_\_\_\_  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**(8) WELL TESTS:**

Drawdown is amount water level is lowered below static level  
Was a pump test made?  Yes  No If yes, by whom?  
Yield: gal./min. with ft. drawdown after hrs.  
" " " " "  
" " " " "  
Air 60 gal./min. with 60 ft. drawdown after 1 hrs.  
Artesian flow g.p.m. \_\_\_\_\_  
Temperature of water \_\_\_\_\_ Depth artesian flow encountered \_\_\_\_\_ ft.

**(9) CONSTRUCTION:**

Well seal—Material used Cement Grout  
Well sealed from land surface to 95 ft.  
Diameter of well bore to bottom of seal 10 in.  
Diameter of well bore below seal 6 in.  
Number of sacks of cement used in well seal 24 sacks  
How was cement grout placed? Grout pump and drop pipe.

Was a drive shoe used?  Yes  No Plus \_\_\_\_\_ Size: location \_\_\_\_\_ ft.  
Did any strata contain unusable water?  Yes  No  
Type of water? \_\_\_\_\_ depth of strata \_\_\_\_\_  
Method of sealing strata off \_\_\_\_\_  
Was well gravel packed?  Yes  No Size of gravel: \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**(10) LOCATION OF WELL:**

County JACKSON Driller's well number \_\_\_\_\_  
Josephine  
NE  $\frac{1}{4}$  SW  $\frac{1}{4}$  Section 31 T. 37 R. 4W W.M.  
Bearing and distance from section or subdivision corner \_\_\_\_\_

**(11) WATER LEVEL: Completed well.**

Depth at which water was first found 105 ft.  
Static level 10 ft. below land surface. Date 10/31/77  
Artesian pressure \_\_\_\_\_ lbs. per square inch. Date \_\_\_\_\_

**(12) WELL LOG:**

Diameter of well below casing 6 ft.  
Depth drilled 200 ft. Depth of completed well 200 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Clay, brown & decomposed granite	0	90	
Granite, brown med hard w/fractures	90	125	
Granite, gray hard w/fract.	125	200	10

Work started 10/31 1977 Completed 11/2 1977  
Date well drilling machine moved off of well 11/2 1977

**Drilling Machine Operator's Certification:**  
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.  
[Signed] Robert Egan Date 11/3, 1977.  
(Drilling Machine Operator)  
Drilling Machine Operator's License No. 695

**Water Well Contractor's Certification:**  
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  
Name McClanahan Well Drilling  
(Person, firm or corporation) (Type or print)  
Address 141 NE Beacon Drive Grants Pass, OR  
[Signed] Mark McClanahan  
(Water Well Contractor)  
Contractor's License No. 614 Date November 3, 1977

L-666133

JACK 33910

For Official Use Only:

Received Date:

8-11-03

County Well Log ID #

JACK 33910

Well Identification Tag #

L-666133

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

RECEIVED

AUG 11 2003

Name: Richard Troon

WATER RESOURCES DEPT.  
SALEM, OREGON

Mailing Address: 1475 Kubli Road

City: Grants Pass State: OR Zip: 97527 Phone: (N/A)

NOTE: Well Identification Tag will be sent to the above address unless otherwise specified.

WELL LOCATION:

County: Jackson Owner's Well Number (1<sup>st</sup> or 2<sup>nd</sup> well on property, etc) # 2

Township: 37 N or (S) Range: 4 E or (W) Section: 31 SW 1/4 SW 1/4

Tax Lot Number: 1200 Type of Well: water supply X monitoring

Address of Well (if different from above): 1475 Kubli Rd., Grants Pass 97527

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

If Yes: Application #: Permit #: Certificate #:

(Optional): Latitude Longitude (May sometimes be obtained from Well Log Report)

WELL INFORMATION: (do not complete remainder of application if drillers well report is attached)

See "Dear Landowner" letter for instructions in completing this portion of the application, or contact the Well Identification Program at (503) 378-8455, extension 260.

Start Card Number: Approx. Well Construction Date:

Well Constructor: Paquin

Name of Land Owner at Time of Construction:

Well Depth (in feet): 220' Static Water Level (in feet): 20' 6"

Diameter of Exposed Well Casing (in inches): 8"

Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department  
158 12th Street NE - Salem, OR 97301-4172