

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

WELL I.D. # 57005  
 START CARD # 147136

Instructions for completing this report are on the last page of this form.

**(1) LAND OWNER** Well Number \_\_\_\_\_  
 Name Al Tari  
 Address P.O. Box 1091  
 City Grants Pass State OR Zip 97528

**(2) TYPE OF WORK**  
 New Well  Deepening  Alteration (repair/recondition)  Abandonment

**(3) DRILL METHOD:**  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other \_\_\_\_\_

**(4) PROPOSED USE:**  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION:**  
 Special Construction approval  Yes  No Depth of Completed Well 75 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Bent	0	18	8 sacks
6	18	75				

How was seal placed: Method  A  B  C  D  E  
 Other Poured  
 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	+2	52	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	0	75	.160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) 75

**(7) PERFORATIONS/SCREENS:**  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
65	75	.07		4		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
46 gpm		65	1 hr.

Flowing  Artesian  Air  Bailer  Pump

Temperature of water 55 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 35 N or S Range 4 E or W WM.  
 Section 27 SW 1/4 SW 1/4  
 Tax Lot 1700 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_  
4697 East Evans Creek Rd

**(10) STATIC WATER LEVEL:**  
5 ft. below land surface. Date 5/29/02  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found 41

From	To	Estimated Flow Rate	SWL
41	75	46 gpm	5

**(12) WELL LOG:**  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Decomposed Granite (Unc)	0	9	
Decomposed Granite (Con)	9	75	5

RECEIVED

JUN 26 2002

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 5/29/02 Completed 5/29/02

**(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
 Signed Stacy Carter WWC Number 1659 Date 5/29/02

**(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 water supply well construction standards. This report is true to the best of my knowledge and belief.  
 Signed Bob Opie WWC Number 675 Date 5/29/02