

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 57009
START CARD # 151361

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

(1) LAND OWNER Al Tari 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	12 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	38	.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) 38

(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	Time
41 gpm		65	1 hr.

Flowing Artesian
 Pump Bailer Air

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 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:
7 ft. below land surface. Date 6/6/02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 33

From	To	Estimated Flow Rate	SWL
33	75	41 gpm	7

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Decomposed Granite (Unc)	0	10	
Decomposed Granite (Con)	10	75	7

RECEIVED

JUL 08 2002

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6/6/02 Completed 6/6/02

(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 Stevens Curtis WWC Number 1659 Date 6/6/02

(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 Opium WWC Number 675 Date 6/6/02