

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 82374
START CARD # 190798

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

(1) LAND OWNER Name Larry Martin Well Number _____
Address 13696 North Applegate RD
City Grants Pass State OR Zip 97527

(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 360 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Bentonite	0	18	9 sacks
6	18	360				

How was seal placed: Method A B C D E
 Other Dry Poured
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6	0	98	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	0	336	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	340	360	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) 98

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type Sand Blocker Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
336	340					<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 22 Drawdown _____ Drill stem at _____ Time 1 hr.

Temperature of water 55 Depth Artesian Flow Found 130
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 38 S N or S Range 4 W E or W. WM.
Section 6 NE 1/4 SW 1/4
Tax Lot 600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 13696 N. Applegate

(10) STATIC WATER LEVEL:
85 ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date 10/6/06

(11) WATER BEARING ZONES:
Depth at which water was first found 130

From	To	Estimated Flow Rate	SWL
130	134	12	85
146	160	3	85
207	212	3	85
236	240	2	85
285	290	2	85

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown Clay	0	83	
Consolidated Brown Black and white Decomposed Granite	83	120	
Consolidated Black White Tompstone Granite	120	360	

RECEIVED

RECEIVED

OCT 16 2006

DEC 18 2006

WATER RESOURCES DEPT
SALEM, OREGON

WATER RESOURCES DEPT
SALEM, OREGON

Date started 10/6/06 Completed 10/6/06

(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 Phil Galt WWC Number 1847 Date 10/10/06

(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 Michael Pierce WWC Number 1251 Date 10/10/06