

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 91357  
START CARD # 191010

(1) LAND OWNER Owner Well I.D.

First Name DUANE Last Name SMITH  
Company \_\_\_\_\_  
Address 2236 HAVILAND AVE  
City GRANTS PASS State OR Zip 97527

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

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

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION Special Standard  Attach copy  
Depth of Completed Well 161 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs
10"	0	38	BEAN CHIPS	30 1/4	38	5 SXS
6"	38	161	CEMENT MORTAR 4 25# GRAN. BEAN BEAN CHIPS	15	15	12 SXS 34 1/2 SXS

How was seal placed: Method  A  B  C  D  E  
 Other COURED DRY & HYDRATED  
DOWN HOLE  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6"		2	38	.260	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4"		6	161	160	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Shoe  Inside  Outside  Other Location of shoe(s) 38 FT  
Temp casing  Yes Dia 10" From 0 To 19 1/2 FT

(7) PERFORATIONS/SCREENS

Perforations Method SAW  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/	Casing/	Screen	Dia	From	To	Scrm/slot	Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	pipe size	
PEDE	Liner	4"	81	161	3/32"	6"	148		

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
18	WELL DEPTH 121	121	1 HR
18 1/3	WELL DEPTH 161	12	1/4 HR

Temperature 65 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below)  
From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_

(9) LOCATION OF WELL (legal description)

County JACKSON Twp 38 S N/S Range 1 E E/W WM  
Sec 31 1/4 of the \_\_\_\_\_ 1/4 Tax Lot 100  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat 42° 0' 13.073 N or \_\_\_\_\_ DMS or DD  
Long 122° 0' 4.181 W or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

1617, 1633 and 1661 Hwy 99

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	<u>9-1-07</u>		<u>6</u>

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
9-1-07	94	101	5+		6
9-1-07	105	111	13		6
9-1-07	148	153	NOTE A		6

(11) WELL LOG Ground Elevation 1691

Material	From	To
SAND	0	1
CLAY BROWN	1	10
GRAVEL & SAND	10	16
GRAVEL & COBBLES	16	19
SILTSTONE GREY	19	71
SANDSTONE GREY	71	148
SANDSTONE GREY & WHITE	148	153
SANDSTONE GREY	153	161

**RECEIVED**  
**SEP 10 2007**  
WATER RESOURCES DEPT  
SALEM, OREGON

Date Started 8-27-07 Completed 8-31-07

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.  
License Number 796 Date \_\_\_\_\_  
Password: (if filing electronically) \_\_\_\_\_  
Signed \_\_\_\_\_

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.  
License Number 796 Date 9-1-07  
Password: (if filing electronically) \_\_\_\_\_  
Signed Paul Thomas  
Contact Info (optional) \_\_\_\_\_

PLUS AN ADDITIONAL 2-4 GPM SPIL OVER SIDES OF THE TEST P.T.

PHYSICALLY LOCATED IN S30 1/4 X S20 1/4 OF SECT. 32

NOTE A: WHILE DRILLING FROM 148 - 161 FT THE RETURNS, BASED ON MY VISUAL ASSESSMENT, APPEARED TO BE IN THE VICINITY OF 40-50 GPM; HOWEVER, BY THE TIME I COULD GET AN IMPERMEABLE TEST PIT ESTABLISHED THE WATER DISAPPEARED. HAVE RECOMMENDED TEST PUMPING.