NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report
are to be filed with the

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

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

| 01_1_ | Well No. 35/7-3 | 56C |
|-------|-----------------|-----|
| State | Damit No. | - |

| (1) OWNER: | (10) LOCATION OF WELL: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name MR. G. R. WILLIAMSON | County Jose phine Driller's well number # 9 |
| Address 7700 RIVERDANKS Rd GRANTS PASS ORE | "500 14 NW 14 Section 3.5 T. 3.5 R. 7 W.M. |
| (2) TYPE OF WORK (check): | Bearing and distance from section or subdivision corner 14× LoT 900 |
| New Well ② Deepening □ Reconditioning □ Abandon □ | <u>-/4x 801 /00</u> |
| If abandonment, describe material and procedure in Item 12. | (11) WATER LEVEL: Completed well. |
| (3) TYPE OF WELL: (4) PROPOSED USE (check): | Depth at which water was first found 95 ft. |
| Rotary Driven Domestic Industrial Municipal Cable Jetted D | Static level 30 ft. below land surface. Date 4-29-8 |
| Dug | Artesian pressure lbs. per square inch. Date |
| CASING INSTALLED: Threaded Welded Welded Welded Welded Welded Welded Welded Gage 250 Welded | (12) WELL LOG: Diameter of well below casing |
| PERFORATIONS: Perforated? T Yes 72 No. | 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. |
| Variable Control of the Control of t | MATERIAL From To SWL |
| Type of perforator used Size of perforations in. by in. | DARK Redish BROWN |
| Size of perforations in. by in. perforations from ft. to ft. | CLAU & FINC TO MED |
| perforations fromft. toft. | GRAVEL 02 |
| perforations from | |
| (7) SCREENS: Well screen installed? Yes No | DARK BROWN CLAY FINC TO MED GRAVEL 2 10 |
| Manufacturer's Name | |
| Type Model No. | LIGHT BROWN CLAY |
| Diam. Slot size Set from ft. to ft. | Fine to Med gravel 10 76 |
| (8) WELL TESTS: Drawdown is amount water level is level and below state level is | HARDROCK "BASALT" 76 105 301 |
| Was a pump test made? Yes No If yes, by whom? | |
| | Aguifer 95-105 KEUE VED |
| Yield: gal./min. with ft. drawdown after hrs. | |
| | MAY 2 9 1981 |
| Air 13 KU | WATER RESOURCES DEP |
| Artesian flow g.p.m. gal./min. with ft. drawdown after hrs. | SALEM, OREGON |
| perature of water to Depth artesian flow encountered ft. | Work started 4-28 198/ Completed 4-29 198/ |
| (9) CONSTRUCTION: | Date well drilling machine moved off of well 4-29 198/ |
| Well seal—Material used Penthand Cement | Drilling Machine Operator's Certification: |
| Well sealed from land surface to 23 ft. | This well was constructed under my direct supervision. |
| Diameter of well bore to bottom of seal | Materials used and information reported above are true to my best knowledge and belief. |
| Diameter of well bore below seal | [Signed] Alales & Celebrat 3: 22, 1981. |
| Number of sacks of cement used in well sealsacks | (Drilling Machine Operator) |
| How was cement grout placed? GROUT DUMD | Drilling Machine Operator's License No/ S.O.S. |
| 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 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. |
| Was a drive shoe used? Yes 🗆 No Plugs Size: location ft. | Name Led's WATCH WELL DRILLING & SON'S |
| Did any strata contain unusable water? Yes No | (Person, firm or corporation) (Type or print) |
| Type of water? depth of strata | Address /5 /by ///on/meny DR 6-7-5 |
| Method of sealing strata off | Signed Carles X. Ce Seleke |
| Was well gravel packed? ☐ Yes ☑ No Size of gravel: | (Water Well Contractor) |
| Gravel placed from - ft to ft | Contractor's License No. 160 Date 5-27 195/ |

For Official Use Only:

RECEIVED Date:

JUN 10 2004

ounty Well Log ID# ose 10398

Well Identification Tag # L - 71946

NATER RESOURCES DEPT SALEM, OREGON

WELL IDENTIFICATION APPLICATION FORM

(please see attached instructions)

| BUYER/CURRENT WELL OW | NER: | | |
|--------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------|
| Name: Gene Willian | nson | | |
| Mailing Address: 7700 R | iverbants, | RS. | |
| City: <u>GRants Poss</u> <u>NOTE: Well Identification</u> | State: Z n Tag will be sent to the al | Message Zip: 97527 Phone: (541) 479-26 above address unless otherwise specified above. | 82 |
| WELL LOCATION: | | e opecyteu uoove. | |
| County: <u>JOSephine</u> Well # | (<u>designation owner has gi</u> | iven to well if multiple wells exist on same property): | 1 |
| Township: 30 North or South Tax Lot #: 900 (not "ta | Range: 'J Ea | East <u>or West</u> Section: 35 | 1/ |
| Map () () () () () () () () () (| 1-000 900 -0 11 banks Ru | d. Grants Pass | |
| Does this well have a formal water ri | (<u>Street)</u> ght associated with it? <u>Water Rights Information (</u> | (<u>City</u>) ? Yes: No: <u>X</u> Group at 503-378-3739 extension 201) | |
| If Yes: Application #: | Permit #: | Certificate #: | |
| | | (May sometimes be obtained from Well Log Re | port) |
| WELL INFORMATION: (If availa | ble, attach copy of driller's | 's well report. If report is not available please complete | <u>e</u> |
| Start Card #: | Approx. Well (| Construction Date: | |
| Well Constructor: | | | |
| Name of Land Owner at Time of Cons | | ior landowners) | |
| Well Depth (in feet): | Static Wa | ater Level (in feet): | |
| Diameter of Exposed Well Casing (in i | nches): | | |
| Please Return Completed Form to: We | ell ID Program @ Oreg 8 12th Street NE Sale | lem, OR 97301-4172, or fax to 503-378-8130 | |
| PREVIOUS WELL ID AP | PLICATION VERSIONS | S SHOULD NOT BE USED | |