

WATER WELL REPORT
STATE OF OREGON

RECEIVED
MAY 28 1981
JOSE 10424
JOSE 10424

State Well No. 36s/5w-30a
State Permit No. _____

WATER RESOURCES DEPT
SALEM, OREGON

(1) OWNER:

Name Andy Duley
Address 720 N.W. SAUVAE
City GRANDS PASS State OREGON
97516

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air Driven
Rotary Mud Dug
Cased Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other
Thermal: Withdrawal Reinjection

(5) CASING INSTALLED:

Steel Threaded Plastic Welded

6" Diam. from 0 ft. to 5.7 ft. Gauge 1.250"

LINER INSTALLED:

_____ " Diam. from _____ ft. to _____ ft. Gauge _____"

(6) PERFORATIONS:

Perforated? Yes No

Type of perforator used _____

Size of perforations _____ in. by _____ in.

_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No

Manufacturer's Name _____

Type _____ Model No. _____

Diam. _____ Slot Size _____ Set from _____ ft. to _____ ft.

Diam. _____ Slot Size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom?

Year: _____ gal./min. with _____ ft. drawdown after _____ hrs.

" " " " " "

Air test 20 gal./min. with drill stem at 60 ft. 1 hrs.

Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.

Artesian flow _____ g.p.in.

Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Special standards: Yes No

Well seal—Material used CEMENT GROUT

Well sealed from land surface to _____ ft.

Diameter of well bore to bottom of seal 10 in.

Diameter of well bore below seal 6 in.

Number of sacks of cement used in well seal 16 sacks

How was cement grout placed? GROUT PUMP

Was pump installed? NO Type _____ HP _____ Depth _____ ft.

Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.

Did any strata contain unusable water? Yes No

Type of Water? _____ depth of strata _____

Method of sealing strata off _____

Was well gravel packed? Yes No Size of gravel: _____

Gravel placed from _____ ft. to _____ ft.

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

(10) LOCATION OF WELL:

County Josephine Driller's well number 80

S_W 1/4 NE 1/4 Section 30 T. 36S R. 5W W.M.

Tax Lot # 200 Lot _____ Blk _____ Subdivision _____

Address at well location: 269 HARBECK
GRANDS PASS, ORE.

(11) WATER LEVEL: Completed well.

Depth at which water was first found 62 ft.

Static level 16 ft. below land surface. Date 5/19/81

Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 6

Depth drilled 85 ft. Depth of completed well 85 ft.

Formation: Describe color, texture, grain size and structure of materials; 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.

| MATERIAL | From | To | SWL |
|----------------------------------|------|----|-----|
| BROWN GRANITE, SOFT-CONE | 0 | 49 | 16 |
| BROWN GRANITE, HARD-COURSE | 49 | 60 | |
| BROWN GRANITE, HARD w/ FRAC w/ B | 60 | 85 | |
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Work started 5/19 19 81 Completed 5/19 19 81

Date well drilling machine moved off of well 5/19 19 81

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Robert Chastan Date 5/27, 19 81
(Drilling Machine Operator)

Drilling Machine Operator's License No. 809

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.

Name MCCLEAN WELLS WELL DRILLING
(Person, firm or corporation) (Type or print)

Address 141 N.E. BEACON DR. GRANDS PASS, OR 97526

[Signed] Ken McLean
(Water Well Contractor)

Contractor's License No. 727 Date 5/27, 19 81



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

JOSE 10424

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): Cornerstone Church of Grants Pass
Mailing Address: 269 W. Harbeck Rd.
City: Grants Pass State: OR Zip: 97527
Mailing Address (to send Well I.D.): Same
City: _____ State: _____ Zip: _____

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: T 36 S (North/South) Range: 5 W (East/West) Section: 30
Tax Lot: 200 County: Josephine SW 1/4 ~~SE~~ NE 1/4
Street Address of Well: 269 W. Harbeck Rd City: Grants Pass
Owner at time the well was constructed, (if known): Andy Duley
If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): commercial / domestic
Date Well Constructed: 5.19.81 Total Well Depth: 85' Casing Diameter: ~~6"~~ 6"
Other Information: _____

SUBMITTED BY (please print): Ria Farvell
PHONE: 541-479-7799 FAX: _____

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

| | | |
|---|-------------------|------------------------|
| <i>For Official Use Only by the Oregon Water Resources Department</i> | | |
| Received Date: | Well Log Number: | Well Identification #: |
| _____ | <u>JOSE 10424</u> | <u>L-104005</u> |