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JOSE
12352

373/6W-13bb

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765) WATER RESOURCES DEPT

MAY 27 1986

(1) OWNER: SALVIA, OREGON
Name Bob Minter
Address 5961 New Hope Rd
City Crook Pass State OR Zip 97527

(9) LOCATION OF WELL by legal description:
County Josephine Latitude _____ Longitude _____
Township 37S N or S, Range 6W E or W, WM.
Section 13 NW 1/4 NW 1/4
Tax Lot 130 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 5961 New Hope Rd
Crook Pass, OR

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 4-29-86
Artesian pressure _____ lb. per square inch. Date _____

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Other

(11) WELL LOG: Ground elevation _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

Material	From	To	WB?	SWL
Soil	0	2		
Yellow clay some	2	73		
Granite				
Hard Decomposed	73	81		
Granite				
Hard Decomposed Granite	81	83	4	10
Hard Decomposed Granite	83	111		
Hard Decomposed Granite	111	116	5	10
Hard Decomposed Granite	116	147		
Hard Decomposed Granite	147	157		
Black & white Granite	157	160		

(5) BORE HOLE CONSTRUCTION:
Depth of Completed Well 160 ft.
Special Standards date of approval _____

HOLE Diameter	From	To	Material	SEAL		Amount sacks or pounds
				From	To	
6	0	30	Cement	0	30	12 Sacks

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

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					□	□	□	□	□	□	□	□
Casing	6	41	79	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) 79

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 17 Pumping level _____ Drill stem at 158 Time 1 hr

Temperature of water 54° 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: _____

Date started 4-28-86 Completed 4-29-86

(unbonded) Water Well Constructor Certification:
I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
Signed O.P. Bunting Date 4-30-86
Company O.P. Bunting Drilling Co. Job No. 774

For Official Use Only:

Received Date:

wrs-4-11-03
enf-3-8-04

County Well Log ID #

JOSE 12352

Well Identification Tag #

J-69981

WELL IDENTIFICATION APPLICATION FORM

(please see attached instructions)

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MAR 12 2003

WATER RESOURCES DEPT.
SALEM, OREGON

BUYER/CURRENT LANDOWNER (FOR PROPERTY WELL IS LOCATED ON):

Name: New Hope Christian Schools Inc.

Mailing Address: 5961 New Hope Rd.

City: Grants Pass State: Oregon Zip: 97527 Phone: (541) 476-4588

NOTE: Well Identification Tag will be sent to the above address unless otherwise specified above.

DO NOT COMPLETE THIS FORM IF YOU ARE SHARING THE WELL ON ANOTHER'S PROPERTY.

WELL LOCATION:

County: Josephine Well # (designation owner has given to well if multiple wells exist on same property): 7

Township: 37 North or South Range: 6 East or West Section: 13, NW 1/4 NW 1/4
(circle one) (circle one)

Tax Lot #: 1300 (not the "tax acct.#") Type of Well: water supply monitoring

Address of Well: 5961 New Hope Rd. Grants Pass, Oregon
(Number) (Street) (City)

Does this well have a formal water right associated with it? Yes: No:
(If unknown you may contact the Water Rights Information Group at 503-378-3739 extension 201 for research)

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

(Optional): Latitude _____ Longitude _____ (May sometimes be obtained from Well Log Report)

WELL INFORMATION: (If available, attach copy of driller's well report. If report is not available please complete the following, at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowners can be obtained from the County Assessor.)

Start Card #: _____ Approx. Well Construction Date: 4/29/86

Well Constructor: R. P. Burlington Drilling

Name of Land Owner at Time of Construction (or list of prior landowners) Bob Minter

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APR 11 2003

Well Depth (in feet): 160 Static Water Level (in feet): 10 WATER RESOURCES DEPT.
SALEM, OREGON

Diameter of Exposed Well Casing (in inches): 6"

Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department
158 12th Street NE - Salem, OR 97301-4172, or fax to 503-378-8130

PREVIOUS WELL ID APPLICATION VERSIONS SHOULD NOT BE USED

REVISED: 8-5-02

6-15983

J-69981