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365/6W-24C

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

DEC 3 1986

WATER RESOURCES DEPT

(1) OWNER:

Name Robert Taylor
Address 1241 Dowell Rd
City Grants Pass State OR Zip 97527

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable

Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation

Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 80' ft.

Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
6"	0'	20'	Cement	0'	20'	7 1/2 Sack
	20'	80'				

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	0'	60'	250	<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"/>

Final location of shoe(s) 60'

(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	Drawdown	Drill stem at	Time
24+-		35'	1 hr.

Temperature of water 50 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: _____

(9) LOCATION OF WELL by legal description:

County Josephine Latitude _____ Longitude _____

Township 365 N or S, Range 6W E or W, WM.

Section 24 SE 1/4 SW 1/4

Tax Lot 2700 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 1245 Annabelle
Grants Pass OR 97526

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date 12-1-86

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 55'

From	To	Estimated Flow Rate	SWL
55'	80'	24+-	20'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Brown clay	0'	15'	
Gravels Brown clay	15'	80'	20'

Date started 12-1-86 Completed 12-1-86

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed [Signature] WWC Number _____ Date 12-1-86

(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Randall E. Miller WWC Number 1379 Date 12-2-86