

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

JOSE 12820
17/8/87 AUG 04 1987

WATER RESOURCES DEPT.
 SALEM, OREGON

38S/SW-116d
Reband.

(1) **OWNER:** Name Rogea Pryce Well Number: 830
 Address 13615 Watragap Rd
 City Williams State OR Zip 97544

(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 177 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method A B C D E
 Other Did Not Disturb
 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:					<input 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) Did Not Disturb

(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 60 Drawdown _____ Drill stem at 175' 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: _____

(9) **LOCATION OF WELL by legal description:**
 County Josephine Latitude _____ Longitude _____
 Township 38S N or S, Range 5W E or W, WM.
 Section 11 SE $\frac{1}{4}$ NW $\frac{1}{4}$
 Tax Lot 403 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 13615 Watragap Rd
Williams OR

(10) **STATIC WATER LEVEL:**
45 ft. below land surface. Date 7-3-87
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
<u>No Records Available</u>			
<u>Drilled out Rocks and wood bridged at 28'</u>			
<u>Clean hole to bottom</u>			
<u>177' Test well 60 GPM</u>			

Date started 7-3-87 Completed 7-3-87

(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.
 WWC Number _____
 Signed _____ Date _____

(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.
 WWC Number 532
 Signed D.P. Bentley Date 7-5-87

JOSE 12820
WELL IDENTIFICATION FORM

RECEIVED
MAY 19 1998
WATER RESOURCES DEPT
SEASIDE, OREGON

Owner's Well Number: _____

CURRENT WELL OWNER:

Phone 846-8948

Name: Levonae Sparks Dawson

Mailing Address: 13615 Watergap Rd

City: Williams State: Ore Zip: 97544

WELL LOCATION:

County: Josephine Latitude: JOSE 12820 Longitude: _____

Township: 38 N or S, Range: 05 E or W Section: 1100 1/4 1/4

Tax Lot Number: 403

Street Address of Well (if different from above): Same as above

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____ If yes:

Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to: **Oregon Water Resources Department**
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number: 26088