

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

*JOSS*  
 13989

*36s/6w/22ad*

(START CARD) # 14921 P# 3810

**(1) OWNER:** Well Number: \_\_\_\_\_  
 Name Grants Pass School District 7  
 Address 223 SE M Street  
 City Grants Pass State OR Zip 97526

**(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 132 ft.  
 Yes  No   
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	25	Cement	0	25	9 sacks
6	25	132				

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	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6	+2	96	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 96

**(7) PERFORATIONS/SCREENS:**  
 Perforations Method Air  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
75	92	1/4x3	240			<input checked="" 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
25		95	(1 hr.)

Temperature of water 51 - 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 Joseph Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 36 N or S, Range 6W E or W, WM.  
 Section 22 ~~SE~~ NE 1/4 B.Q.  
 Tax Lot 2600 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) New Redwood School Leonard Road

**(10) STATIC WATER LEVEL:**  
15 ft. below land surface. Date 1-16-90  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found 96

From	To	Estimated Flow Rate	SWL
96	105	25	15

**(12) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
Brown Clay	0	5	
Brown clay, sm-med grvl	5	105	15
Decomposed granite, hard	105	130	
Tombstone granite	130	132	

RECEIVED  
 JAN 29 1990  
 RECEIVED  
 FEB 2 1990  
 WEL. DIST. 14  
 GRANTS PASS, ORE.

Date started 1-15-90 Completed 1-16-90

**(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 Michael Price WWC Number 1462 Date 1-16-90

**(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 Bob Quinn WWC Number 675 Date 1-18-90