

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

JOSE 16033

RECEIVED  
JUL 15 1992

(START CARD) # 35514

(1) OWNER:

Name Judy Petrelli Well Number: WATER RESOURCES DEPT. JOSE 16033  
Address 481 California Avenue SALEM, OREGON  
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 325 ft.

Explosives used ☐ Yes ☒ No ☐ Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE     |      |     | SEAL      |      |    | Amount<br>sacks or pounds |
|----------|------|-----|-----------|------|----|---------------------------|
| Diameter | From | To  | Material  | From | To |                           |
| 10       | 0    | 25  | Bentonite | 0    | 25 | 9 sacks                   |
| 6        | 25   | 325 |           |      |    |                           |

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Poured dry

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        | +2   | 98 | 250   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|         |          |      |    |       | <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"/> |
|         |          |      |    |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Final location of shoe(s) 98

(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"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <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    |
|---------------|----------|---------------|---------|
| 6             |          | 320           | (1 hr.) |
|               |          |               |         |
|               |          |               |         |

Temperature of water 55 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 34 N or S. Range 6W E or W. WM.  
Section 28 SW 1/4 NW 1/4  
Tax Lot 501 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_  
6380 Tunnel Loop Road

(10) STATIC WATER LEVEL:

100 ft. below land surface. Date 6-30-92  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 120

| From | To  | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 120  | 121 | 2                   | 100 |
| 145  | 146 | 2                   | 100 |
| 315  | 316 | 2                   | 100 |

(12) WELL LOG:

Ground elevation \_\_\_\_\_

| Material                                                     | From | To  | SWL |
|--------------------------------------------------------------|------|-----|-----|
| Red claystone, consolidated                                  | 0    | 20  |     |
| Brown claystone, consolidated                                | 20   | 96  |     |
| Blue claystone, consolidated                                 | 96   | 325 |     |
| RECEIVED<br>JUL 08 1992<br>WM. DIST. 14<br>GRANTS PASS, ORE. |      |     |     |
|                                                              |      |     |     |
|                                                              |      |     |     |
|                                                              |      |     |     |
|                                                              |      |     |     |
|                                                              |      |     |     |
|                                                              |      |     |     |
|                                                              |      |     |     |
|                                                              |      |     |     |
|                                                              |      |     |     |

Date started 6-29-92 Completed 6-30-92

(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 Pierce WWC Number 1462  
Date 6-30-92

(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 7-3-92



Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem Oregon 97301  
(503) 986-0900  
www.oregon.gov/owrd

# Application for Well ID Number

RECEIVED

JAN 31 2020

*Do not complete if the well already has a Well Identification Number.*

## I. OWNER INFORMATION

OWRD

Current Owner Name (please print): Joe Gerlach

Mailing Address: 6380 Tunnel Loop Rd.

City, State, Zip: Grants Pass, OR, 97527

Mail Well ID to: ☐ SAME AS ABOVE ☐ In Care Of (C/O)

Name & Address:

City, State, Zip:

## II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 34 S (North / South) Range: 6 W (East / West) Section: 28 SW 1/4 of the NW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 501 County Josephine

GPS Coordinates: 42.58947, -123.42268

Street Address of Well, City: 6380 Tunnel Loop Road, Grants Pass, OR 97526

If the property had a different street address in the past:

## III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring):

Date Well Constructed (or property built): 6/30/1992 Total Well Depth: 325' Casing Diameter: 6"

Owner at time the well was constructed (if known): Judy Petrelli Well Report # (if known): JOSE 16033

Other Information: Identified as Well 2 on the permit map for G-17944

SUBMITTED BY (please print): Scott Ceciliani

(Well ID placed by -)

PHONE: 541-261-2213

EMAIL &/or FAX: scott.c.ceciliani@oregon.gov

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.  
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

1-31-2020

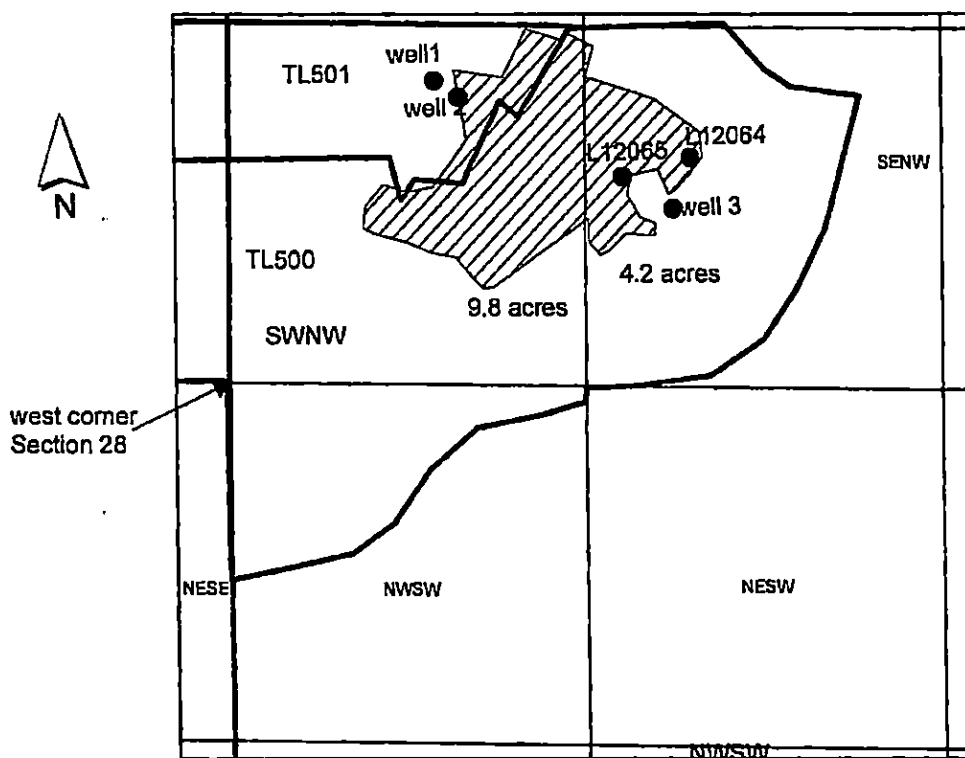
Well Report Number:

JOSE 16033

Well Identification #:

L-129929

# T34S R6W South Half Northwest Quarter and North Half Southwest Quarter Section 28



1 inch = 660 feet

Well 1 is located approximately 766 ft <sup>east</sup> west and 1118 ft north of the west corner of Section 28.

Well 2 is located approximately 861 ft <sup>east</sup> west and 1047 ft north of the west corner of Section 28.

Well 3 is located approximately 1665 ft <sup>east</sup> west and 616 ft north of the west corner of Section 28.

Well L12065 is located approximately 1479 ft <sup>east</sup> west and 791 ft north of the west corner of Section 28.

Well L12064 is located approximately 1731 ft <sup>east</sup> west and 816 ft north of the west corner of Section 28.

RECEIVED BY OWRD

JAN 23 2017

SALEM, OR

G-18423