

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

JOSE 16318

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16318

FEB 17 1993

36S/6W/28E
48869

(START CARD) #

(1) OWNER:

Name Copeland Paving Well Number 2
 Address P.O. Box 608
 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 100 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20	Portland	0	20	8 sacks
6"	0	100				

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"	12	50	30	<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) 50'

(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
50		99	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 99 Latitude _____ Longitude _____
 Township 36S N or S. Range 6W E or W. WM.
 Section 28 SE 1/4 SW 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) S. Timberdale

(10) STATIC WATER LEVEL:

30 ft. below land surface. Date 11/15/93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 60'

From	To	Estimated Flow Rate	SWL
60'	100'	50	30

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Granite soft	0	12	
Granite med hard	12	40	
Granite blk + white fracture	40	100	30

Date started 1/15/93 Completed 1/15/93

(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 998

Signed Charles B Pelkey Date 2/4/93



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

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

NOV 05 2019

I. OWNER INFORMATION

OWRD

Current Owner Name (please print): Pine Ridge Water Company LLC ATTN: Marilyn Schantz
 Mailing Address: 1524 Timberidge Road
 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: 36S (North/South) Range: 6W (East/West) Section: 33 SE 1/4 of the NW 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): 1201 County Josephine
 GPS Coordinates: 42°23'59.1" 123°25'07.74"
 Street Address of Well, City: 1524 Timberidge Rd Grants Pass
 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): domestic
 Date Well Constructed (or property built): 1/15/93 Total Well Depth: 100' Casing Diameter: 6"
 Owner at time the well was constructed (if known): Capeland Paving Well Report # (if known): JOSE 16318
 Other Information: _____

SUBMITTED BY (please print): Marilyn Schantz
 PHONE: 656-208-1452 EMAIL &/or FAX: mts1452@gmail.com

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: <u>11-5-19</u>	Well Report Number: <u>JOSE 16318</u>	Well Identification #: <u>L-135943</u>