

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

SEP 14 1993

RECEIVED
Jesse
76671

36s/6w/27a
51204

WATER RESOURCES DEPT

(START CARD) #

51204

(1) OWNER:

Name Bob Hamilton
Address 5293 Fish Hatchery Rd
City Grants Pass State Ore Zip 97527

SALEM, OREGON
Well Number _____

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

| HOLE | | | SEAL | | | Amount sacks or pounds |
|----------|------|-----|----------|------|----|---------------------------|
| Diameter | From | To | Material | From | To | |
| 10 | 0 | 25 | Cement | 0 | 25 | 29 Sacks |
| 6 | 25 | 240 | | | | |

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 | 72 | 223 | 0.25 | <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) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Torch
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 204 | - | 6 | 3 | 1/4 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 217 | 223 | 6 | 15 | 1/4 | | <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 |
|---------------|----------|---------------|-------|
| 18 | | 239 | 1 hr. |

Temperature of Water 53 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 36 N or S. Range 6 E or W. WM.
Section 27 SE 1/4 NE 1/4
Tax Lot 2300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) College Oaks Subdivision of Hubbard

(10) STATIC WATER LEVEL:

30 ft. below land surface. Date 8-31-93

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 160'

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 160 | 200 | 10 | 30 |
| 200 | 240 | 8 | 30 |

(12) WELL LOG:

Ground elevation _____

| Material | From | To | SWL |
|--|------|-----|-----|
| Brown Clay + Decomposed Granite + Gravel | 0 | 20 | |
| Brown Clay + Decomposed Granite | 20 | 240 | 30 |

RECEIVED

SEP 09 1993

WM. DIST. 14
GRANTS PASS, OREG.

Date started 8-27-93 Completed 8-31-93

(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.

Signed James Sublette WWC Number 1324
Date 8-31-93

(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 James Sublette WWC Number 1324
Date 8-31-93