

RECEIVED 365/5W/236
 OCT 19 1993 5
 WATER RESOURCES DEPT. 55/89

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

JOSE
 1643M

County Per #9125 (START CODES DEPT.)

(1) **OWNER:** Well Number 722-93
 Name Perry Roger Nicholson
 Address 3298 Lower River Rd
 City GRANTS PASS State ORE 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.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	23	Cement &	0	23	1 1/2 sacks
6"	23	100	BENONITE			Cement 5 SACKS BENONITE

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:	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					✓				✓			
	6"	±1	87	250								

Liner: _____

Final location of shoets) 87'

(7) **PERFORATIONS/SCREENS:**
 Perforations Method Holt Air Perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
48	60	1/8x1	480	6"	6"	<input checked="" type="checkbox"/>	<input type="checkbox"/>
68	82	1/8x1	500	6"	6"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min 84 Drawdown 75 Drill stem at 100' Time 1/hr.

Temperature of water 58' Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom WATER MASTER
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) **LOCATION AND LEGAL DESCRIPTION:**
 County Josephine Latitude _____ Longitude _____
 Township 36 N or S. Range 5 E or W. WM.
 Section 23-23 SW 1/4 NW 1/4
 Tax Lot 1900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 3264 Rouge River Hwy

(10) **STATIC WATER LEVEL:**
85 ft. below land surface. Date 9-10-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 40'

From	To	Estimated Flow Rate	SWL
40	100	84	25'

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

Material	From	To	SWL
Brown clay - med to coarse gravel	0	9	
Brown clay	9	22	
Brown clay - med to coarse gravel	22	40	25'
Med to coarse sand & gravel	40	100	25'

Date started 9/10/93 Completed 9/10/93

(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 760
 Signed Charles S. Hatch Date 10-8-93



WATER RESOURCES DEPARTMENT

RECEIVED

No. 55689
9126

Application for Well Permit

Permit Requested: New...Repair/Alter...Abandon...Replacement...
#2

Use of Well: Domestic, S... Domestic, M... Irrigation...
WATER RESOURCES DEPT.
Thermal... Commercial/Industrial... Other...

Property Owner: Perry, Nicholson Phone:

Mailing Address: 3278 Lower River Rd

Description of Property: Township 36 Range 5 Section 23 Tax Lot 1900

Address of Property: 3674 Rogue River Hwy 6P

Well (to be) (is) Located: 370 ft. ^{North} 340 ft. East, from SW 1/4 Corner
of 23 Section in SW 1/4 NW 1/4

Proposed Constructor: Ed S

Date of Construction/Repair/Alteration, Abandonment: 9-10-93

Applicant's Signature: Ken in 12:30 Date: 9-9-93

Permit Issued By: Amn Fee?

This Permit is valid for six (6) months from date issued.

This Permit does not invalidate any local, state, or federal restrictions.

REMARKS: SCALE OF MAP: 1"=100' MAP #: 36-5-23-23

WSalt

