

JOSE 16754

OCT 27 1993

JOSE 16754

365/60w/33ba

STATE OF OREGON WATER RESOURCES DEPARTMENT  
WATER WELL REPORTS SALEM, OREGON  
(as required by ORS 537.765)

(START CARD) # 55114

(1) OWNER:

Well Number \_\_\_\_\_  
Name Bob Copeland  
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 150 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Bentonite	0	18	8 sacks
6	18	150				

How was seal placed: Method  A  B  C  D  E  
 Other Poured

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	18	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	-3	150	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 18'

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type PVC Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
110	130	.07				<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump  Bailer  Air  Flowing  Artesian

Yield gal/min	Drawdown	Drill stem at	Time
35		150	1 hr.

Temperature of Water 52 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 6 E or W. WM.  
Section 33 NE 1/4 NW 1/4  
Tax Lot 1200 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_  
Pineridge Subdivision Parcel #5

(10) STATIC WATER LEVEL:

30 ft. below land surface. Date 10/6/93  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 55'

From	To	Estimated Flow Rate	SWL
55	65	10	30
90	95	10	30
110	115	15	30

(12) WELL LOG:

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

Material	From	To	SWL
Decomposed granite, soft	0	10	
Decomposed granite, firm to hard, consolidated	10	115	30
Tombstone granite, consolidated	115	150	30

**RECEIVED**  
**OCT 25 1993**  
WM. DIST. 14  
GRANTS PASS, ORE.

Date started 10/5/93 Completed 10/6/93

(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 Michael Pierce WWC Number 1462  
Date 10/7/93

(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 Bob Copeland WWC Number 675  
Date 10/7/93

OREGON 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

NOV 05 2019

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

OWRD

**I. OWNER INFORMATION**

Current Owner Name (please print): Pine Ridge Water Co. LLC ATTN: Marilyn Schantz  
 Mailing Address: 1524 Timberidge 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: 369 (North / South) Range: 6 (East / West) Section: 33 NE 1/4 of the NW 1/4  
 Tax Lot (usually last 3-5 numbers of Tax Map #): 1201 County Josephine  
 GPS Coordinates: 42° 24' 00.12" 123° 25' 08.75"  
 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): 10/6/93 Total Well Depth: 150' Casing Diameter: 6"  
 Owner at time the well was constructed (if known): Bob Copeland Well Report # (if known): JOSE 16754  
 Other Information: \_\_\_\_\_

SUBMITTED BY (please print): Marilyn Schantz  
 PHONE: 650-208-1452 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 16754</u>	Well Identification #: <u>L-135944</u>
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