

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

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NOV 10 1993

WATER RESOURCES DEPT.
SALEM, OREGON

JOSE
16784

36s/6w/27aa

(START CARD) # 55119

(1) OWNER: Well Number _____

Name Ron Nunn
Address 1151 Willow Lane
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 275 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	25	Bentonite	0	25	12 sacks
6	25	275				

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	SEAL			
				Steel	Plastic	Welded	Threaded
Casing: 6	+2	58	250	<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"/>

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25		275	(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 36 N or S. Range 6 E or W. WM.
Section 27 NE $\frac{1}{4}$ NE $\frac{1}{4}$
Tax Lot 301 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hubbard Lane

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 11-1-93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 85

From	To	Estimated Flow Rate	SWL
85	86	20	15
110	111	2	15
223	224	3	15

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
Brown clay, unconsolidated	0	8	
Brown clay, small gravel, unconsolidated	8	20	
Decomposed granite, hard, consolidated	20	48	
Tombstone granite, frac., consolidated	48	108	15
Tombstone granite, consolidated	108	275	15

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WM. DIST. 14
GRANTS PASS, ORE.

Date started 10-29-93 Completed 11-1-93

(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 1462
Signed Michael Pierce Date 11-1-93

(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.

WWC Number 675
Signed Bob O... Date 11-3-93