

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

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 17013
 MAY 17 1994

36s/6w/27ad

WATER RESOURCES DEPT.
 SALEM, OREGON

(START CARD) # 58652

(1) OWNER: Well Number _____
 Name **Dan Barklind**
 Address **1704 Rounds Ave**
 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 **200** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount		
Diameter	From	To	Material	From	To	sacks or pounds
10"	0	25	cement	0	25	18 sacks
6"	25	200				

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"	+2	160	0.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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
140	155	1	25	1/4		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min **23** Drawdown **199** Drill stem at **x** Time **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 **36s** N or S. Range **6w** E or W. WM. _____
 Section **27** SE 1/4 NE 1/4
 Tax Lot **4500/1504** Block _____ Subdivision _____
 Street Address of Well (or nearest address) **Canel Ave**
 Per # _____

(10) STATIC WATER LEVEL:
 _____ **20** ft. below land surface. Date **5/5/94**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **130'**

From	To	Estimated Flow Rate	SWL
130	200		20

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
brown clay, gravel	0	10	
decom granite, bwn clay	10	120	20
blk & wht granite	120	160	20
rock blk & wht fract	160	200	20

Date started **5/5/94** Completed **5/6/94**

(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 _____ WWC Number _____
 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.
 Signed **James Sublette** WWC Number **1324**
 Date **5/9/94**