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Jose 17340

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WATER RESOURCES DEPT.
SALEM, OREGON

353/6W/7

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

(START CARD) # 70209

Instructions for completing this report are on the last page of this form

(1) OWNER: Well Number _____

Name Lynn Mc Connell

Address 9606 S.W. 60th St.

City Grants Pass State OR Zip 97526

(2) TYPE OF WORK

☑ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☑ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger

☐ Other _____

(4) PROPOSED USE:

☑ Domestic ☐ Community ☐ Industrial ☐ Irrigation

☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☑ No Depth of Completed Well 240 ft.

Explosives used ☐ Yes ☑ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	18	Bentonite	0	18	10 sacks
6"	18	240				

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+1	159	250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4"	0	240	160	☐	☑	☑	☐
					☐	☐	☐	☐

Final location of shoe(s) 159'

(7) PERFORATIONS/SCREENS:

☑ Perforations Method Drilsaw

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
220	240	18	40	6"	4"	☐	☑
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25		220	1 hr.

Temperature of water 40° 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 35 N or (S) Range 6 E or (W) WM.

Section 7 _____ 1/4 _____ 1/4

Tax Lot 200 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) _____

East Crow Rd.

(10) STATIC WATER LEVEL:

90 ft. below land surface. Date 9/9/94

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 154

From	To	Estimated Flow Rate	SWL
154	220	25	90

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Clay, gravel, decomposed granite conglomerate	0	240	90

Date started 9/9/94 Completed 9/9/94

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed [signature] WWC Number 1535

Date 9/26/94

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed [signature] WWC Number 1379

Date 9/26/94

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER