JOSE 17446

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WATER RESOURCES DEPT.
SALEM, OREGON

36S/5W/10Cb

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

(START CARD) # 59309

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

(1) OWNER: Well Number _____

Name Ed Alu

Address 1185 W Jones Ck Rd

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 270 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
6	105	270				

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4"	6	270	#40	☐	☒	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method saw

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
252	268	6	24	1/8		☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
8½		269	x 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 5w E or W. WM.

Section 10 NW 1/4 SW 1/4

Tax Lot 605 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) same

county Permit #

(10) STATIC WATER LEVEL:

95 ft. below land surface. Date 10-10-94

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 170

From	To	Estimated Flow Rate	SWL
170	270		95

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
rock blk & wht	105	270	95
Grout and seal not disturbed			

Date started 10-11-94 Completed 10-31-94

(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.

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

Coleman's Well Drilling Co WWC Number 1324

Signed James Sublette Date 11/4/94

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