

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

JOSE
17466

36s/5w/8ad
70367

(START CARD) #

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

(1) OWNER:

Name Grace Bible Church Well Number 1
Address 1555 N.E. 10th St.
City Grants Pass State Ore Zip 97521

(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 100'
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL			
Diameter	From To	Material	From To	Sacks or pounds	
10"	0 25'	Bentonite	0 25'	12 Sacks	
6"	0 100'				

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

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"	12	48'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	100'	.250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 48'

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60'	100'	1/8"	24	6"	4 1/2"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
25		99'	1 hr.

Temperature of water 50° 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 90 Latitude _____ Longitude _____
Township 36s N or S Range 5w E or W. WM. _____
Section 8 SE 1/4 NE 1/4
Tax Lot 600-94 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1555 NE 10th St.
Grants Pass Ore

(10) STATIC WATER LEVEL:

30' ft. below land surface. Date 11-22-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 80'

From	To	Estimated Flow Rate	SWL
80'	100'	~25	30'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Granite soft clay	0	10'	
Granite soft	10'	20'	
Granite med hard	20'	100'	30'

RECEIVED
NOV 28 1994

Date started 11-22-94 Completed 11-22-94

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

Signed Charles B Pelley WWC Number 1098 Date 11-22-94