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JOSE
17473

DEC 13 1994

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

WATER RESOURCES DEPT.
OREGON

(START CARD) # 67116

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

(1) OWNER: Well Number _____
Name Wenkall Baker
Address 3065 Cedar Flat rd
City Williams State OR Zip 97544

(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 225 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds		
Diameter	From	To	Material	From	To			
10"	0	68	cement	40	68	10	sacks	
			betonite	0	40	25	sacks	
6"	68	225						

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	Steel	Plastic	Welded	Threaded
Casing:	6"	+1	68	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	-5	225		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 68"

(7) PERFORATIONS/SCREENS:

Perforations Method skill saw

Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
165	225	1/8x6	120			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
60		225	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 Josephine Latitude _____ Longitude _____
Township 39 N or S Range 5w E or W. WM. _____
Section 5 1/4 _____ 1/4 _____
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
same

(10) STATIC WATER LEVEL:
43 ft. below land surface. Date 8/7/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 212

From	To	Estimated Flow Rate	SWL
212	213	60 gpm	43

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
clay with rock	0	2	
boulders	2	17	
decomposed granite	17	59	
salt & pepper granite	59	212	
fracture	212	213	43
salt & pepper gran.	213	225	

ASHLAND DRILLING
600 S. PACIFIC HWY.
TALENT, OR 97540
(503) 488-2827 772-1803

Date started 8-6-94 Completed 8-7-94
(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 1609 Date 10/1/94

(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 1478 Date 10/1/94

75649

For Official Use Only by The Oregon Water Resources Department:

Received Date:

12-1-04

County Well Log ID #

Jose 17473

Well Identification Tag #

L-75649

APPLICATION FOR WELL IDENTIFICATION TAG

LANDOWNER INFORMATION

(This well is well # _____ of _____ wells on the property)

Current Landowner's Name: Lawrence Baker

Mailing Address: 3065 Cedar Flat Rd

City: Williams

State: OR

Zip: 97544

Send Well Tag to if other than above address (realtor or other party name & address): The Venuti Group Inc,

attention Donna Myers, 1246 NE 7th Street, Suite B, Grants Pass, OR 97526

(Note: If this is a shared well please see instructions)

WELL LOCATION INFORMATION

(May also be referred to by County Assessor as the "Map Number".)

Township #: 39 North or South (circle one) Range #: 05 East or West (circle one), Section #: 05

Tax Lot #: 500 _____ 1/4 _____ 1/4 (if known) County: Josephine

Street Address of Well: 3065 Cedar Flat Rd, Williams, OR 97544

WELL INFORMATION (Do not complete if well report is attached. Information on locating well report: is enclosed.)

Type of Well (i.e. domestic, irrigation, etc): domestic Date Well Constructed: _____

Well Constructor/Company: _____

Well Depth (in feet): _____ Diameter of Well Casing (in inches): _____

Landowner Who Had Well Constructed or Previous Owner at the Time Well was Constructed (if known): _____

Other Information: _____

Mail form to: **Oregon Water Resources Department, 725 Summer St. NE, Suite A, Salem, OR 97301-1271, or fax to 503-986-0902.**

7-04