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MAY 11 1995 JUN 19 1995

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

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JOSE
17637

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WATER RESOURCES DEPT (START CARD) # 73681
SALEM, OREGON WATER RESOURCES DEPT.

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

(1) OWNER:

Well Number 861-95
Name Charles + Kari Brooks
Address 1900 Midway Ave
City Grants Pass State OR Zip 97527

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	23	Bentonite	0	23	8 Sacks
6"	23	160	Cement			1 Sack

How was seal placed: Method A B C D E
 Other Poured Dry + Capped with cement
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	120	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 120'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
30+	135	160	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 56° 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 Jose Latitude _____ Longitude _____
Township 36 N or S Range 6 E or W. WM. _____
Section 28 NW 1/4 NE 1/4 _____
Tax Lot 1301 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1900 Midway Ave G.P.

(10) STATIC WATER LEVEL:

25' ft. below land surface. Date 5-4-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 120

From	To	Estimated Flow Rate	SWL
120	160	30+	25

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown clay + granit	0	10	
Br. Clay med. gravel + granit	10	45	
Light Brown clay fine gravel + granit	45	54	
Light Brown Sticky Clay + Fine gravel	54	70	
Brown clay + granit	70	80	
Decomposed granit	80	90	
Brown Decomposed granit Firm.	90	110	
Fractured granit	110	160	25

Date started 5-3-95 Completed 5-4-95

(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 Dance D Russell WWC Number 1632 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 E. Mitchell WWC Number 2600 Date _____



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): CHARLES BROOKS
Mailing Address: 1900 MIDWAY AVE
City: GRANITE PASS State: OREGON Zip: 97527
Mailing Address (to send Well I.D.): 1900 MIDWAY AVE
City: GRANITE PASS State: OREGON Zip: 97527

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 36 (North/South) Range: 6 (East/West) Section: 28
Tax Lot: 1301 County: Josephine NW 1/4 NE 1/4
Street Address of Well: 1900 Midway City: Granite Pass
Owner at time the well was constructed, (if known): Charles Brooks
If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached) Attached

Use of Well (domestic, irrigation, commercial, industrial, monitoring): _____
Date Well Constructed: _____ Total Well Depth: _____ Casing Diameter: _____
Other Information: _____

SUBMITTED BY (please print): Charles Brooks
PHONE: _____ FAX: _____

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department.
Received Date: 12-28-09 Well Log Number: JOSE 17637 Well Identification #: 103321