

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

19 JOSE  
17714

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JOSE 17714  
JUN 23 1995

365/6w/14 da  
74756

(START CARD) #

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

(1) OWNER: Well Number \_\_\_\_\_

Name **Greenleaf Industries**  
Address **1200 SW Spruce**  
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 **100** ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	30	cement	0	30	22 sacks	
6"	30	100					

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: 6"	+2	98	0.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **98'**

(7) PERFORATIONS/SCREENS:

Perforations Method **air**  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	70	1	20	1/8		<input checked="" type="checkbox"/>	<input type="checkbox"/>
90	96	1	15	1/8		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
25		99	xx 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: \_\_\_\_\_

SALEM, OREGON  
(9) LOCATION OF WELL by legal description:

County **Josephine** Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township **36s** N or S Range **6w** E or W. WM.  
Section **14** NE 1/4 **SE** 1/4  
Tax Lot **2100** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) **Lower River Rd**

(10) STATIC WATER LEVEL:  
**10** ft. below land surface. Date **5-31-95**  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found **45**

From	To	Estimated Flow Rate	SWL
45	100		10

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
sand & silt	0	12	10
gravel, granite, bwn clay	12	100	10

Date started **5-31-95** Completed **6-1-95**

(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.  
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 **6/7/95**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for Well ID Number

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OWRD

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

I. OWNER INFORMATION

Current Owner Name (please print): Greenleaf Industries of Grants Pass

Mailing Address: 2970 Lower River Rd

City, State, Zip: Grants Pass, OR 97526

Mail Well ID to: [X] SAME AS ABOVE [ ] In Care Of (C/O)

Name & Address:

City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 36 S (North / South) Range: 6W (East / West) Section: 14 SE 1/4 of the SE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 2100 County Josephine

GPS Coordinates:

Street Address of Well, City: 2970 Lower River Rd. Grants Pass

If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 1996 Total Well Depth: Casing Diameter: 6"

Owner at time the well was constructed (if known): Green Leaf Well Report # (if known): JOSE 17714

Other Information:

SUBMITTED BY (please print): Nicholas Smith

PHONE: (541) 474-0571 EMAIL &/or FAX: nsmith@greenleafindustries.org

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

7-27-2020

Well Report Number:

JOSE 17714

Well Identification #:

L-139224