

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

JOSE 17768

375/5W/25 AB
74914

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

(START CARD) #

(1) OWNER: Well Number 1

Name Ron Nussen
Address 1136 Missouri Flat Rd.
City Grants Pass State Ore Zip 97537

(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 120' ft.

Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
10"	0' 30'	Bentonite	0' 30'	14	Sacks
6"	0' 120'				

How was seal placed: Method A B C D E

Other paired 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	98	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) 98'

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>25</u>		<u>119'</u>	1 hr.

Temperature of water 450 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 JD. Latitude _____ Longitude _____
Township 375 N or S Range 5W E or W. WM.
Section 25 NW 1/4 NE 1/4
Tax Lot 505 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1136 Missouri Flat Grants Pass

(10) STATIC WATER LEVEL:

60 ft. below land surface. Date 7-17-95

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 100'

From	To	Estimated Flow Rate	SWL
<u>100'</u>	<u>120'</u>	<u>25</u>	<u>60'</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown Clay: Boulders	0	20'	
Granite Clay	20	25'	
Granite med. Hard	25	100'	
Granite fractured	100'	120'	60'

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JUL 24 1995

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 7-17-95 Completed 7-17-95

(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 Ben Pelley WWC Number 1648 Date 7-17-95

(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 1298 Date 7-17-95



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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JAN 13 2020

OWRD

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

I. OWNER INFORMATION

Current Owner Name (please print): ROBERT HODGE

Mailing Address: 1136 MISSOURI FLAT ROAD

City, State, Zip: GRANTS PASS, OR 97527

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

Name & Address: STEVEN BOYD, 605 MISSOURI FLAT ROAD

City, State, Zip: GRANTS PASS, OR 97527

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

Township: 37S (North / South) Range: 5W (East / West) Section: 25 NW 1/4 of the NE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 505 County JOSEPHINE

GPS Coordinates: N 42deg, 19', 49.6" / W 123deg, 14', 20.3"

Street Address of Well, City: 1136 MISSOURI FLAT ROAD, 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): 7/17/1995 Total Well Depth: 120 FEET Casing Diameter: 6 IN

Owner at time the well was constructed (if known): RON NUSSEN Well Report # (if known): JOSE 17768

Other Information: START CARD #74914

SUBMITTED BY (please print): STEVEN BOYD, CWRE #85312

PHONE: 541-450-7043 EMAIL &/or FAX: SSKBOYD@HOTMAIL.COM

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:

1-13-2020

Well Report Number:

JOSE 17768

Well Identification #:

L-137040