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JOSB 17809

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WATER RESOURCES DEPT.
SALEM, OREGON

34S/6W/27AC

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

(START CARD) # 65789

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

(1) OWNER: Well Number _____

Name Ruth Burton/ Mrs. Weldon

Address 550 NE "E"

City Grants Pass State OR Zip 97526

(2) TYPE OF WORK

[x] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:

[x] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger

[ ] Other _____

(4) PROPOSED USE:

[x] Domestic [ ] Community [ ] Industrial [ ] Irrigation

[ ] Thermal [ ] Injection [ ] Livestock [ ] Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [ ] Yes [x] No Depth of Completed Well 240 ft.

Explosives used [ ] Yes [x] No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	30	cement	0	30	11 sacks
6"	30	240				

How was seal placed: Method [ ] A [ ] B [x] 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"	+1	38	0.25	x			
Liner:								

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

[ ] Perforations Method none

[ ] Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner

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

[ ] Pump [ ] Bailer [xx] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
7½		239	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: _____

(9) LOCATION OF WELL by legal description:

County Josephine Latitude _____ Longitude _____

Township 34s N or S Range 6w E or W. WM.

Section 27 SW 1/4 NNE 1/4

Tax Lot 300 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Hasis Dr

(10) STATIC WATER LEVEL:

40 ft. below land surface. Date 7-31-95

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 68

From	To	Estimated Flow Rate	SWL
68	220		40

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
bwn clay	0	10	
blk, wht granite	10	25	
rock blk, wht frct	25	240	40

Date started 7-31-95 Completed 8-1-95

(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 WWC Number 1324

Signed James Sublette Date 8/3/95

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER