JOSE 17810

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WATER RESOURCES DEPT.
SALEM, OREGON

4/0S/8W/13/AA

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

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

(START CARD) # 68733

(1) OWNER: Well Number _____

Name ~~Al Moore/ Larrick Jones~~
Address 2280 Dick George Rd
City Cave Junction State OR Zip 97523

(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 [XX] 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	20	cement	0	20	8 sacks
6"	20	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	115	0.25	[x]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

[xx] Perforations Method air
[ ] Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
90	100	1	15	1/8		[x]	[ ]
110	115	1	15	1/8		[x]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

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

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

Yield gal/min	Drawdown	Drill stem at	Time
2½		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 40s N or S Range 8w E or W. WM.
Section 13 NE 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:

35 ft. below land surface. Date 7-25-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 90

From	To	Estimated Flow Rate	SWL
90	115		35

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
bwn clay, gvl, bl dr	0	115	35
rock blk, grn, wht sft	115	240	35

Date started 7-25-95 Completed 7-26-95

(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 8/3/95

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