

NOTICE TO WATER WELL CONTRACTOR  
 The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM 10, OREGON within 30 days from the date of well completion.

RECEIVED  
 OCT 9 1962  
 STATE ENGINEER  
 SALEM, OREGON

WATER WELL REPORT  
 STATE OF OREGON  
 (Please type or print)

JOSE  
 19520

State Well No. 37/6W-15D  
 State Permit No. \_\_\_\_\_

(1) OWNER:

Name World Mission To Children  
 Address New Hope Rd  
Grants Pass Ore

(2) LOCATION OF WELL:

County Josephine Driller's well number \_\_\_\_\_  
NW 1/4 NW 1/4 Section 15 T. 37 R. 6 W.M.  
 Bearing and distance from section or subdivision corner \_\_\_\_\_

(3) TYPE OF WORK (check):

Well  Deepening  Reconditioning  Abandon   
 Abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic  Industrial  Municipal   
 Irrigation  Test Well  Other

(5) TYPE OF WELL:

Rotary  Driven   
 Cable  Jetted   
 Dug  Bored

(6) CASING INSTALLED:

Threaded  Welded   
6" Diam. from 0 ft. to 82 ft. Gage 1/4"  
 " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_  
 " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Gage \_\_\_\_\_

(7) PERFORATIONS:

Perforated?  Yes  No  
 Type of perforator used Tarck  
 Size of perforations 1/4 in. by 4 in.  
36 perforations from 20 ft. to 79 ft.  
 \_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 \_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 \_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

(8) SCREENS:

Well screen installed  Yes  No  
 Manufacturer's Name \_\_\_\_\_ Model No. \_\_\_\_\_  
 Diam. Slot size Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Diam. Slot size Set from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

(9) CONSTRUCTION:

Well seal—Material used in seal Puddled Bentinite  
 Depth of seal 18 ft. Was a packer used? \_\_\_\_\_  
 Diameter of well bore to bottom of seal 17 in.  
 Were any loose strata cemented off?  Yes  No Depth \_\_\_\_\_  
 Was a drive shoe used?  Yes  No  
 Was well gravel packed?  Yes  No Size of gravel: \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Did any strata contain unusable water?  Yes  No  
 Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
 Method of sealing strata off \_\_\_\_\_

(10) WATER LEVELS:

Static level 25 ft. below land surface Date 9/7/62  
 Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level  
 Was a pump test made?  Yes  No If yes, by whom?  
 Yield: gal./min. with ft. drawdown after hrs.  
 " " " " "  
 " " " " "  
 Bailer test 13 gal./min. with 40 ft. drawdown after 1 hrs.  
 Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_  
 Temperature of water \_\_\_\_\_ Was a chemical analysis made?  Yes  No

(12) WELL LOG:

Diameter of well below casing 6  
 Depth drilled 100 ft. Depth of completed well 100 ft.  
 Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
<u>Decomposed Granite</u>	<u>0</u>	<u>18</u>

Work started 9/5 19 62 Completed 9/7 19 62  
 Date well drilling machine moved off of well 9/7 19 62

(13) PUMP:

Manufacturer's Name Pacific  
 Type: Jet H.P. 1

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Colemans Well Drilling  
 (Person, firm or corporation) (Type or print)

Address 110 N.W. Morgan Lane  
 Drilling Machine Operator's License No. 72

[Signed] Joseph C. Coleman  
 (Water Well Contractor)

Contractor's License No. 380 Date 10/14, 1962

For Official Use Only:

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APR 11 2003

WATER RESOURCES DEPT. SALEM, OREGON

Received Date:

WRs - 4-11-03  
Enf. - 3-8-04

County Well Log ID #

JOSE 19520

Well Identification Tag #

L-69986

WELL IDENTIFICATION APPLICATION FORM

(please see attached instructions)

RECEIVED

MAR 12 2003

WATER RESOURCES DEPT. SALEM, OREGON

L-69986

BUYER/CURRENT LANDOWNER (FOR PROPERTY WELL IS LOCATED ON):

Name: New Hope Christian Schools Inc.

Mailing Address: 5961 New Hope Rd.

City: Grants Pass State: Oregon Zip: 97527 Phone: (541) 476-4588

NOTE: Well Identification Tag will be sent to the above address unless otherwise specified above.

DO NOT COMPLETE THIS FORM IF YOU ARE SHARING THE WELL ON ANOTHER'S PROPERTY.

WELL LOCATION:

County: Josephine Well # (designation owner has given to well if multiple wells exist on same property): #2

Township: 37 North or South Range: 6 East or West Section: 13 NW 1/4 NW 1/4

Tax Lot #: 1300 (not the "tax acct.#") Type of Well: water supply monitoring

Address of Well: 5961 New Hope Rd. Grants Pass, Oregon

Does this well have a formal water right associated with it? Yes: No: [checked]

(If unknown you may contact the Water Rights Information Group at 503-378-3739 extension 201 for research)

If Yes: Application #: Permit #: Certificate #:

(Optional): Latitude Longitude (May sometimes be obtained from Well Log Report)

WELL INFORMATION: (If available, attach copy of driller's well report. If report is not available please complete the following. at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowners can be obtained from the County Assessor.)

Start Card #: Approx. Well Construction Date: 9/7/62

Well Constructor: Colemans Well Drilling

Name of Land Owner at Time of Construction (or list of prior landowners)

World Mission to Children

Well Depth (in feet): 100 Static Water Level (in feet): 25'

Diameter of Exposed Well Casing (in inches): 6

Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department 158 12th Street NE - Salem, OR 97301-4172, or fax to 503-378-8130

PREVIOUS WELL ID APPLICATION VERSIONS SHOULD NOT BE USED REVISED: 8-5-02

app # G-15983

JACKSON COUNTY WELL TEST FORM

RECEIVED

MAR 12 2003

DATE: 8-23-01

PROPERTY DESCRIPTION: NEW HOPE CHRISTIAN SCHOOL WATER RESOURCES DEPT. SALEM, OREGON

LEGAL OWNER:

ADDRESS: 5961 NEW HOPE ROAD GRANTS PASS, OR 97527

LOCATION: Township: Range: Section: Tax Lot:

Other location reference (if possible):

AGENT or REPRESENTATIVES: Terri Bowdoin

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APR 11 2003  
WATER RESOURCES DEPT.  
SALEM, OREGON

Are there other wells on this property? YES  NO  If YES, distance from Test Well? \_\_\_\_\_  
 Is (are) well(s) in use? YES  NO  Purpose: \_\_\_\_\_  
 If NO, is well properly abandoned? YES  NO

Test Well Data:

Test Pump: Depth of pump: \_\_\_\_\_ Size of Column: 6" Horse Power: 1 1/2 HP  
 Started Pump (Time): 9:15 A.M.

TIME	STATIC LEVEL	METER READING GAL. PER MIN.	TIME	PUMPING LEVEL	METER READING GAL. PER MIN.
:00	1 1/2	-----	3:00	}	9
:15	STATIC READING	-----	3:15		8
:30		-----	3:30		8
:45		-----	3:45		8
:00		-----	4:00		8
		PUMPING	-----		
:05	1	24		}	
:10	100	24			
:15	PUMPING TO READ	24			
:30		24			
:45		20			
1:00		11			
1:15		10			
1:30		10			
1:45		10			
2:00		10			
2:15		9			
2:30		9			
2:45	9				

3,000 Gallons pumped in 4 hours  
 12.5 G.P.M. pumped for 4 hours (Average)  
 1st hour 23 G.P.M.  
 2nd hour 10 G.P.M.  
 3rd hour 9 G.P.M.  
 4th hour 8 G.P.M.

I certify that I have complied with existing state and local requirements in completing the well test and recording the data on this form.

DATE: 8-23-01 CERTIFIED WELL TESTER: [Signature] app # G-15983