NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the filed with the state engineer, SALEM, OREGON 91810

STATE ENGINEER, SALEM, OREGON 91810

WATER WELL TYPORT

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STATE OF OREGONAUG 16 1968 State Well No. 33/6\omega -/5 R

Within 30 days from the data of the state of the

| CALVALL SAFANAL | SAFEM CALEDON |
|---|--|
| (1) OWNER: SALEM CRESON | (11) LOCATION OF WELL: |
| Name K. & Irving | County Josephine Driller's well number |
| Address P.O. Box 366 Wolf Creek, Otc | SE 14 SE 14 Section 15 T. 335 R. 6W W.M. |
| (2) TYPE OF WORK (check): | Bearing and distance from section or subdivision corner |
| New Well A Deepening □ Reconditioning □ Abandon □ | |
| If abandonment, describe material and procedure in Item 12. | |
| (3) TYPE OF WELL: (4) PROPOSED USE (check): | |
| Police S | (12) WELL LOG: Diameter of well below casing |
| Cable Jetted Domestic Mindustrial Municipal | Depth drilled & ft. Depth of completed well \$\int \text{ft.} |
| CASING INSTALLED: Threaded Welded Welded Gage Welded Gage Casing it to Gage Casing it to Casing it Casing it to Casing it Casing | Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level as drilling proceeds. Note drilling rates. |
| " Diam. from | MATERIAL From To SWL |
| . 1 | 13 rown Clay 0 13 - |
| PERFORATIONS: Perforated? Yes No. | Blue Rock 13 58 3 |
| Type of perforator used | 13600 11001 |
| Size of perforations in, by in, | |
| perforations from ft. to ft. | |
| perforations fromft. toft. | |
| (7) SCREENS: Well screen installed? Well screen installed? Yes No Manufacturer's Name | |
| TypeModel No | |
| Diam. Slot size Set from ft. to ft. | |
| Diam. Slot size Set from ft. to ft. | |
| (8) WATER LEVEL: Completed well. | |
| Static level 3' ft. below land surface Date 6/22/68 | |
| sian pressure lbs. per square inch Date | |
| (9) WELL TESTS: Drawdown is amount water level is lowered below static level | |
| Was a pump test made? [Yes No If yes, by whom? | Work started 6/17/68 19 Completed 6/22 /68 19 |
| Yield: gal./min. with ft. drawdown after hrs. | Date well drilling machine moved off of well 6/32/68 19 |
| " " " | Date with driving machine moved on or west 6/02/08 |
| " " " " " " " " " " " " " " " " " " " | Drilling Machine Operator's Certification: |
| Bailer test 18 gal./min. with 3 ft. drawdown after 2 hrs. | This well was constructed under my direct supervision. Materials used and information reported above are true to my best |
| Artesian flow g.p.m. Date | knowledge and belief. |
| Temperature of water Was a chemical analysis made? Yes No | [Signed] A. J. Machine Operator) Date 7 - 196 |
| (10) CONSTRUCTION: Well seal—Material used CCMCnt | Drilling Machine Operator's License No. 260 |
| Well seal—Material used Depth of seal /8/ ### ### ### ###################### | Water Well Contractor's Certification: |
| Diameter of well bore to bottom of seal | This well was drilled under my jurisdiction and this report is |
| Were any loose strata cemented off? Yes No Depth | true to the best of my knowledge and belief. |
| Was a drive shoe used? ▼ Yes □ No | NAME COLEMANS (Sell Offiling (Person, firm or corporation) (Type or print) |
| Did any strata contain unusable water? Yes No | 3660 Ding Street |
| Type of water? depth of strata | Address 2060 Oine Street |
| Method of sealing strata off | [Signed] Joseph E William |
| Was well gravel packed? Yes No Size of gravel: | (Water Well Contractor) |
| Crevel placed from the to the fit | Contractor's License No. 280 Date 7/11/69 19 |



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

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

| | RECEIVED |
|--|---|
| I. OWNER INFORMATION | SEP 0'8 2020 |
| Current Owner Name (please print): Kenneth P. Irving, Jr. & Marily | n F. Irving |
| Mailing Address: 326 NW Pleasant View | OWRD |
| City, State, Zip: Grants Pass, OR, 97526 | |
| Mail Well ID to: SAME AS ABOVE In Care | of (C/O) |
| Name & Address: | |
| City, State, Zip: | |
| Tax Lot (usually last 3-5 numbers of Tax Map #): 1500 GPS Coordinates: 42.691879 latitude and -123.395458 longitude | County Josephine |
| Street Address of Well, City: 100 Old Hwy 99, Wolf Creek OR, 974 If the property had a different street address in the past: | |
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