NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

RECEIVED JUN 25 1971 STATE ENGINEER SALEM, OREGON

WATER WELL REPORT
STATE OF OREGON
(Please type or print)
(Do not write above this line)

JOSE 2586

State Well No. 35/6W-2ab

State Permit No. .....

(1) OWNER:
Name Mc HeinLine
Address Monument Dr
Grants Pass, Ore.

(2) TYPE OF WORK (check):
New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:
Rotary ☐ Driven ☐
Cable ☒ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):
Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(5) CASING INSTALLED:
Threaded ☐ Welded ☒
6 " Diam. from 0 ft. to 136 ft. Gage 1/4"
..... " Diam. from ..... ft. to ..... ft. Gage .....
..... " Diam. from ..... ft. to ..... ft. Gage .....

(6) PERFORATIONS:
Perforated? ☒ Yes ☐ No.
Type of perforator used Torch
Size of perforations 4 in. by 1/4 in.
20 perforations from 128 ft. to 135 ft.
..... perforations from ..... ft. to ..... ft.
..... perforations from ..... ft. to ..... ft.

(7) SCREENS:
Well screen installed? ☐ Yes ☒ No
Manufacturer's Name .....
Type ..... Model No. .....
Diam. ..... Slot size ..... Set from ..... ft. to ..... ft.
Diam. ..... Slot size ..... Set from ..... ft. to ..... ft.

(8) 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 20 gal./min. with 60 ft. drawdown after 2 hrs.
Artesian flow ..... g.p.m.
Temperature of water ..... Depth artesian flow encountered ..... ft.

(9) CONSTRUCTION:
Well seal—Material used Cement
Well sealed from land surface to 18 ft.
Diameter of well bore to bottom of seal 9 in.
Diameter of well bore below seal 6 in.
Number of sacks of cement used in well seal 5 sacks
Number of sacks of bentonite used in well seal ..... sacks
Brand name of bentonite .....
Number of pounds of bentonite per 100 gallons of water ..... lbs./100 gals.
Was a drive shoe used? ☒ Yes ☐ Plugs ..... Size: location ..... ft.
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? ..... depth of strata .....
Method of sealing strata off .....
Was well gravel packed? ☐ Yes ☒ No Size of gravel: .....
Gravel placed from ..... ft. to ..... ft.

(10) LOCATION OF WELL:
County Josephine Driller's well number .....
NE ¼ NW ¼ Section 2 T. 35S R. 6W W.M.
Bearing and distance from section or subdivision corner .....

(11) WATER LEVEL: Completed well.
Depth at which water was first found 50 ft.
Static level 20 ft. below land surface. Date 5/7/71
Artesian pressure ..... lbs. per square inch. Date .....

(12) WELL LOG:
Diameter of well below casing —
Depth drilled 136 ft. Depth of completed well 136 ft.

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 and indicate principal water-bearing strata.*

MATERIAL	From	To	SWL
Red Clay & Gravel Conglomerate	0	20	—
Yellow Clay Gravel Conglomerate	20	136	20

Work started 5/5 19 71 Completed 5/7 19 71
Date well drilling machine moved off of well 5/7 19 71

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] B C Tribble (Drilling Machine Operator) Date 6-23, 19 71
Drilling Machine Operator's License No. 676

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 Coleman's Well Drilling (Person, firm or corporation) (Type or print)
Address 2060 Cuntz & Hts Pass Or
[Signed] Joseph E Coleman (Water Well Contractor)
Contractor's License No. 380 Date 6-23, 19 71

(USE ADDITIONAL SHEETS IF NECESSARY)

SP*45656-119