

APR - 2 1990

36s/5w/6dd

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

WATER RESOURCES DEPT.
SALEM, OREGON

JOSE
40001

(START CARD) # 17262

(1) OWNER: Name Pacific Power Well Number: _____
Address 1622 Williams Hwy
City Grants Pass State OR Zip 97527

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 120 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0 20	Cement	0 20	13 Sacks	
6"	20 120				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:
Casing: Diameter 6" From +6 To 20 Gauge 20 Steel Plastic Welded Threaded
Liner: _____
Final location of shoe(s) 84

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 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 Air Flowing Artesian
Yield gal/min 50 Drawdown _____ Drill stem at _____ Time 1 hr.

Temperature of water 50 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 36 N or S Range 5 E or W WM.
Section 10 SE $\frac{1}{4}$ SE $\frac{1}{4}$
Tax Lot 4200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2250 N.W. Heidi

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 3/29/90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 85'

From	To	Estimated Flow Rate	SWL
85	110	50	10

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Dark Brown Clay	0	7	
Brown Clay. Decomposed Granite	7	12	10
Lt. Brown Clay. Decomposed Granite, Gravels	12	120	

Date started 3/28/90 Completed 3/29/90

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed [Signature] WWC Number 1449
Date 3/30/90

(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 well construction standards. This report is true to the best of my knowledge and belief.
Signed [Signature] WWC Number 1379
Date 3/30/90