

RECEIVED

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.

JUN 4 WATER WELL REPORT STATE OF OREGON (Please type or print) SALEM, OREGON

Handwritten initials and date: J.C. 4/2

Handwritten well number: 36/5W-6E

State Well No. _____ State Permit No. _____

(1) OWNER:

Name J.D. Smith Address 2315 Highland Ave Grants Pass, Ore

(2) LOCATION OF WELL:

County Josephine Driller's well number SW 1/4 NW 1/4 Section 6 T. 36 R. 5 W.M. Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):

New Well [X] Deepening [] Reconditioning [] Abandon [] If abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic [X] Industrial [] Municipal [] Irrigation [] Test Well [] Other []

(5) TYPE OF WELL:

Rotary [] Driven [] Cable [X] Jetted [] Dug [] Bored []

(6) CASING INSTALLED:

6" Diam. from 0 ft. to 68 ft. Gage 2/16

(7) PERFORATIONS:

Perforated? [X] Yes [] No Type of perforator used Torkel Size of perforations 3/4 in. by 4 in. 36 perforations from 5.9 ft. to 6.4 ft.

(8) SCREENS:

Well screen installed [] Yes [X] No Manufacturer's Name _____ Model No. _____ Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:

Well seal—Material used in seal Puddled Clay Depth of seal 1.5 ft. Was a packer used? _____ Diameter of well bore to bottom of seal _____ in. Were any loose strata cemented off? [] Yes [X] No Depth _____ Was a drive shoe used? [X] Yes [] No Was well gravel packed? [] Yes [X] No Size of gravel: _____ Gravel placed from _____ ft. to _____ ft. Did any strata contain unusable water? [] Yes [X] No Type of water? _____ Depth of strata _____ Method of sealing strata off _____

(10) WATER LEVELS:

Static level 7 ft. below land surface Date 5/5/62 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 [X] No If yes, by whom? Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs. Bailer test 14 gal./min. with 45 ft. drawdown after 1 hrs. Artesian flow _____ g.p.m. Date _____ Temperature of water _____ Was a chemical analysis made? [] Yes [X] No

(12) WELL LOG:

Diameter of well below casing _____ Depth drilled 68 ft. Depth of completed well 68 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.

Table with columns: MATERIAL, FROM, TO. Entry: Decomposed Granite, 0, 68

Work started 5/1 19 62 Completed 5/5 19 62 Date well drilling machine moved off of well 5/5 19 62

(13) PUMP:

Manufacturer's Name _____ Type: _____ H.P. _____

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 110 N.W. Morgan Lane Grants Pass

Drilling Machine Operator's License No. _____

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

Contractor's License No. _____ Date 5/9, 1962