DESERVATION WELL NOTICE TO WATER WELL CO The original and first toly of this report are to filed with the of this report are the filed with the state engineer, Salem, Original 2 3 within 30 days from the date of well completion - ATE EN STATE OF OREGON NOV 30 1965 P(Please type or arint) TE ENGINEET Permit No. (11) WELL TESTS - 5 Of Mewdown is amount water level is lowered below static level Was a pump test made? If Yes I No If yes, by whom? A B.C. Jer 11 (Co Yield: ft. drawdown after gal./min. with (2) LOCATION OF WELL: Bailer test gal./min. with ft. drawdown after hrs. Driller's well number Artesian flow g.p.m. Date 14 NE 14 Section 27 Temperature of water Was a chemical analysis made? ☐ Yes ☐ No Bearing and distance from section or subdivision corner (12) WELL LOG: 600 NONADE ft. Depth of completed well UMBER Depth drilled Formation: Describe by color, character, size of material and structure, and show thickness of aquifiers 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 (3) TYPE OF WORK (check): Decamposed Granite 30 Well [7 Deepening [Reconditioning [Abandon 🗌 HALD GLANITO andonment, describe material and procedure in Item 12. TALD EXANITELY CHAVIC (4) PROPOSED USE (check): (5) TYPE OF WELL: Rotary [Driven [Domestic Industrial I Municipal I Cable Jetted □ Irrigation ☐ Test Well ☐ Other Bored HALD GLANI 7/2 (6) CASING INSTALLED: Threaded | Welded | 12 " Diam. from . O ... ft. to 72 7% 202 Diam. from 74 fl. to Cage (7) PERFORATIONS: Perforated? Wes No Type of perforator used S/p perforations from 35 perforations from perforations from perforations from ft. PIIMPSEK WICE (8) SCREENS: Well screen installed? Yes 700 Slot size Set from Work started 5-26 1965 Completed 6 -28 1965 Diam. Slot size Set from ft. to Date well drilling machine moved off of well 🎜 - 29 (9) CONSTRUCTION: Well seal-Material used in seal COHONT GROWT Depth of seal 32 ft. Was a packer used? 10 Diameter of well bore to bottom of seal _/_ in. Water Well Contractor's Certification: Were any loose strata cemented off? □Yes □ No Depth 28 Was a drive shoe used? ☐ Yes ☐ No This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Was well gravel packed?

Yes No Size of gravel: Gravel placed from ft. to NAME W. R. IIIE DAILING Did any strata contain unusuable water?

Yes Vo Address 346/NEBOAUC POST/ANd Type of water? depth of strata Method of sealing strata off Drilling Machine Operator's License No. 299 (10) WATER LEVELS: Static level Water Well Contractor) ft. below land surface Date Artesian pressure lbs. per square inch Date Contractor's License No. 405 Date 7-2 1965 (USE ADDITIONAL SHEETS IF NECESSARY)

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report

are to be filed with the

WATER RESOURCES DEPARTMENT,

'SALEM, OREGON 97310

within 30 days from the date

(1) OWNER:

JOSE 4438 WATER WELL REPORT

STATE OF OREGON

(Please type or print)

State Well No. 365	6w-27 ac
State Permit No.	

of well completion. (Do not write above this line)

	·			
(10) LOCATION OF WELL:				
County Josephine Driller's well r		10		
SW 4 NE 4 Section 27 T.365	R. 6	ω	W.M.	
Bearing and distance from section or subdivis	ion corne	r		
Tax Lot No. 1000				
(11) WATER LEVEL: Completed v	vell.			
Depth at which water was first found Addit		353	ft.	
Static level 10 11. Delow land		•		
Artesian pressure _0_ lbs. per squa	re inch.			
(12) WELL LOG: Diameter of well Depth drilled 405 ft. Depth of comp		sing	" & 6"	
Formation: Describe color, texture, grain size and show thickness and nature of each strate with at least one entry for each change of forms position of Static Water Level and indicate pri	um and a ation, Rep	quifer pe	enetrated, change in	
MATERIAL	From	То	SWL	
Black & White Tombstone				
Bedrock	202	405		
-				
Fractures Located at	230			
	243			
	285			
	222			
	1000			
12" 0 11 1 2/1	100	· (5)		
	ady Di	ر ااو ط		
6' Deilled 405'				
O T O PILLER	 			
M.C.GELVEL				
7.7.11.00		-		
WATEL RASOURCES DEPT				
5/1E1. 036/0/1				
Work started April 3 19 80 Complete	ed Apr	il 8.	1980	
Date well drilling machine moved off of well		/ _	19 80	
Date wen drining machine moved out of wen r	, br TT	()	19 00	
This well was constructed under my Materials used and information reported best knowledge and belief [Signed] (Drilling Machine Operator) Drilling Machine Operator's License No.	direct above Date			
Water Well Contractor's Certification:		,		
This well was drilled under my jurisd	iction an	d this r	eport is	
true to the best of my knowledge and belief. Name Les Shanahan Water Well Drilling				
(Person, firm or corporation) Address 868 N.E. "A" st Gran	(Ty	pe or prir	it)	
		()	
[Signed] (Water Well Control	ractor)			
Contractor's License No. 81 Date	4-9	}	, 1980	

Name Rogue Community College				
Address 3345 Redwood Hy.				
Grants Pass, Oregon (2) TYPE OF WORK (check):				
New Well ☐ Deepening ☑ Reconditioning ☐ Abandon ☐				
If abandonment, describe material and procedure in Item 12.				
(3) TYPE OF WELL: (4) PROPOSED USE (check):				
Rotary Driven Domestic Industrial Municipal				
Bored Irrigation Test Well Other				
CASING INSTALLED: Threaded Welded				
" Diam. from ft. to ft. Gage				
PERFORATIONS: Perforated? Yes No.				
Type of perforator used				
Size of perforations in. by in.				
perforations from ft. to ft.				
perforations from ft. to ft.				
perforations fromft. toft.				
(7) SCREENS: Well screen installed? Yes I 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				
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Was a pump test made? ☐ Yes ☑ No If yes, by whom?				
lowered below static level				
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Oregon Water Resources Department 725 Summer Street NE, Suite A Salem Oregon 97301 (503) 986-0900 www.wrd.state.or.us

Application for Well ID Number

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

I. OWNER INFORMATION			
Current Owner Name (please print):	Rogue Commun Raines 3345 Redward State: OR	ity College	
Mailing Address: 6/0 hike	Raines 3345 Red w	100 & Hwy	
City: <u>Grants Pass</u>	State:	Zip: 975	27
Mailing Address (to send Well I.D.):			
City:	State:	Zip:	
II. WELL INFORMATION (Do not	t complete this section if the well report	t is attached.)	
Township: 36 S	_ (North/South) Range: 6 W	(East/West) Section: 2 5W 1/4 N = City: Grants Pass	7
Tax Lot: 1000	County: 505ephine	5W 1/4 NE	1/4
Street Address of Well:		City: Grants Pass	
Owner at time the well was constructed	ed, (if known): Rogse Commo	unity College	
If the property had a different street a	ddress in the past:		
TT CTV 11 / 1	TION (Do not complete this section if the numerical, industrial, monitoring): Total Well Depth:	•	12"
Other Information: wellhouse	· by Redwood Hwy,	State Observation well #	F255
		D	
	soureces Department; 725 Summer St N Well I.D. Numbers are mailed every W	NE, Suite A; Salem, Oregon 97301-1266; Mednesday.	fax (503) 986-
For Received Date:	Official Use Only by the Oregon Water Well Log Numbe	er Resources Department: er: Well Identification L 103080	# ************************************