

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

JOSE 45030
 JOSE 45030

355/6w/3 Cb

(START CARD) # 23755

(1) OWNER: Well Number: _____
 Name Jim Riddle
 Address 3273 Russell Road
 City Grants Pass State OR Zip 97526

(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 128 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Cement	0	18	7 sacks
6	18	128				

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/Liner	Diameter	From	To	Gauge	Seal			
					Steel	Plastic	Welded	Threaded
Casing:	6	+2	60	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	+2	128	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 60

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
108	128	1/4x5	60			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
22		128	(1 hr.)

Temperature of water 53 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 Joseph Latitude _____ Longitude _____
 Township 35 N or S. Range 6 E or W. WM.
 Section 3 NW 1/4 SW 1/4
 Tax Lot 400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 3191 Russell Road

(10) STATIC WATER LEVEL:
26 ft. below land surface. Date 9-18-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 66

From	To	Estimated Flow Rate	SWL
66	71	20	26
111	112	2	26

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Decomposed granite, soft	0	36	
Decomposed granite, hard	36	58	
Decomposed granite, brown, black, white, very hard	58	91	26
Tombstone granite	91	128	26

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 WATER RESOURCES DEPT.
 SALEM, OREGON
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 OCT 1 1990
 W.M. DIST. 14
 GRANTS PASS, ORE.

Date started 9-17-90 Completed 9-18-90

(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 Michael Pierce WWC Number 1462 Date 9-18-90

(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 Bob Quinn WWC Number 675 Date 9-21-90

JOSE 45030

WELL IDENTIFICATION FORM

Owner's Well Number: 1

CURRENT WELL OWNER:

Phone 541-479-3410

Name: David A. and Patricia A. Bremer

Mailing Address: P.O. Box 61

City: Merlin State: OR Zip: 97532

WELL LOCATION:

County: Josephine Latitude: _____ Longitude: _____

Township: 35 N or S, Range: 06 E or W Section: 03 30 1/4 _____ 1/4

Tax Lot Number: 400

Street Address of Well (if different from above): 3273 Russell Road,

GRANTS PASS, OR 97526

New Owners - Escrow Closes 9/28/99: Edward V. + KATHLEEN M. Van Dyke

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____ If yes:

Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to: Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number: _____

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SALEM, OREGON