Jose 45038 355/6W/26 dd

STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765) County Permit 4292 (START CARD) # 22722

(1) OWNER:

Well Number: 499

Name Steve Edwards

Address 3390 Campboy Rd.

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 125 ft.

Explosives used Yes ☐ No ☒ Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
10"	0	40	Cement	0	40	15
8"	40	75	Cement	40	75	Sack
6"	75	125				Cement

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+1	109½	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 109½

(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	Drawdown	Drill stem at	Time
32	110	125	1 hr.

Temperature of water 56° Depth Artesian Flow Found ____

Was a water analysis done? ☒ Yes By whom Water master

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 Jose Latitude ____ Longitude ____

Township 35S N or S. Range 6W E or W. WM.

Section 26 NW ¼ SE ¼

Tax Lot 1701 Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) 3390 Camp Joy Rd. Grants Pass

(10) STATIC WATER LEVEL:

15 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 100

From	To	Estimated Flow Rate	SWL
100	125	32	15

(12) WELL LOG:

Ground elevation ____

Material	From	To	SWL
Dark Brown Clay + Gravel	0	3	
Brow Clay Coarse Gravel + Bolders	3	7	
yellowish Brown Clay, Coarse Gravel + Bolders	7	15	
yellowish Brown Clay	15	17	
Tan Clay Coarse Gravel + Bolders	17	60	
Tan Clay + Coarse Gravel	60	78	
Brown Clay + Granit	78	125	15

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OCT - 4 1990

WATER RESOURCES DEPT.
SALEM, OREGON

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.

WWC Number ____

Signed ____ Date ____

(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.

WWC Number 760

Signed [signature] Date 10/1/90

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 3/88