

#14

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

JOSE 45300
45300

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MAY 13 1991

37S/5W/4

(START CARD) # 26786

WATER RESOURCES DEPT

(1) OWNER:

Name John Fisher Well Number: _____
Address 1238 NE Burnside
City Bend State OR Zip 97701

(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 260 ft.
Yes No ☐ ☒
Explosives used ☐ ☒ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	50	Cement	0	50	15 sacks
6"	50	260				

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"	51	119	1.25	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method touch
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
112	118	16	15	1 1/4		☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
8		259	1 hr.

Temperature of water 53.4 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 37 N or S, Range 5 W or W, W.M.
Section 4 1/4 1/4 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Board Shanty
per #5545

(10) STATIC WATER LEVEL:

25 ft. below land surface. Date 5/6/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found <u>105</u>		From	To	Estimated Flow Rate	SWL
		105	260		25

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Boulders, brown clay	0	20	
Red clay	20	105	25
Rock Black - soft	105	260	25

Date started 5/6/91 Completed 5/8/91

(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 James Sublette WWC Number 1324
Date 5-9-91

(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 William W. H. Drilling WWC Number 643
Date 5-9-91

For Official Use Only:

Received Date: _____

County Well Log ID #

Well Identification Tag #

JOSE 45300

L-55135

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:Name: LESHER, LOREN W. & VENETA AMailing Address: 1660 NE LAURELWOOD CIRCLECity: CANBY State: OR Zip: 97013 Phone: (503) 263-1885***NOTE: Well Identification Tag will be sent to the above address unless otherwise specified.*****WELL LOCATION:**

Latitude _____ Longitude _____

County: JOSEPHINE Owner's Well Number (1st or 2nd, etc) 1Township: 37 ~~N~~ or S Range: 5 ~~E~~ or W Section 4 1/4 _____ 1/4 _____Tax Lot Number: 400 Type of Well: water supply ☒ monitoring _____Address of Well (if different from above): 3105 BOARD SHANTY CREEK RD
GRANTS PASS, OR 97527Does this well have a formal water right associated with it? Yes: _____ No: ☒

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

WELL INFORMATION: (do not complete remainder of application if well log is attached)Start Card Number: 26786 Approx. Construction Date: 5-6-91Well Constructor: COLEMAN WELL DRILLINGName of Land Owner at Time of Construction: LOREN & VENETA LESHERWell Depth (in feet): 220' Static Water Level (in feet): 25'Diameter of Exposed Well Casing (in inches): 6"

Please Return Completed Form to:

Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97301-4172

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NOV 13 2001

WATER RESOURCES DEPT.
SALEM, OREGON

L-55135