#14

MAY 21 1991

WATER RESOURCES DEPT.
SALEM, OREGON

JOSE 45314

37S/7W/2 bb

(START CARD) # 26792

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

(1) OWNER:
Well Number:
Name Cindy & Louis
Address PO Box 355
City Mount Pan 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 220 ft.
Explosives used Yes ☐ No ☒ Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
10"	0	40	cmt	0	40	12 sacks
6"	40	220				

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	139	0.25	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	5"	120	220	.188	☒	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
☒ Perforations Method torch
☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
130	138	6	15	1¼		☒	☐
200	220	6	45	1¼		☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
4		219	☒ 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 Josephine Latitude ' " Longitude ' "
Township 37 ~~N~~ or S, Range 7 ~~E~~ or W, ~~WM.~~
Section 2 NW ¼ NW ¼
Tax Lot 200 Lot Block Subdivision
Street Address of Well (or nearest address) Rounds Prairie Ck Rd per # 5582

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date 5/10/91
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 130

From	To	Estimated Flow Rate	SWL
130	200		45

(12) WELL LOG:
Ground elevation

Material	From	To	SWL
Red clay	0	15	
Brown clay	15	30	
Brown clay, broken rock - gray & brn	30	130	45
Rock Black - soft	130	220	45

Date started 5-10-91 Completed 5-13-91

(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 5/14/91

(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. Coleman Well Drilling WWC Number 643
Signed P. Kent Coleman Jr. Date 5/14/91

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

WELL IDENTIFICATION FORM

Owner's Well Number: _____

CURRENT WELL OWNER: Phone 471-9189

Name: Charles Sopp + Lorri Asher c/o Remax Nancy Venuti

Mailing Address: PO Box 104 555 NE F St Ste B Grants Pass, OR 97526

City: Wilderville State: OR Zip: 97543

WELL LOCATION: Jose 45314 *

County: Josephine Latitude: _____ Longitude: _____

Township: 37 N or (S) Range: 07 E or (W) Section: 02-20 NW 1/4 NW 1/4

Tax Lot Number: 200

Street Address of Well (if different from above): 701 Round Prairie Wilderville, OR 97543

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.

RECEIVED
FEB 23 1998
WATER RESOURCES DEPT.
SALEM, OREGON

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: 23346

* Found + linked log 3-28-25 per research. LKA