

#14

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

JOSE
45341

JUN 13 1991

365/54/15 dd

(START CARD) # 28389

(1) OWNER:

Name Bob Bean
Address 356 Westwood Drive
City Grants Pass State OR Zip 97527

Well Number: 2

WATER RESOURCES DEPT. SALES (9) LOCATION OF WELL by legal description:

County Joseph Latitude _____ Longitude _____
Township 36 N or S, Range 5W E or W, WM.
Section 15 SE 1/4 SE 1/4
Tax Lot 190R Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3298 Pierce Park Road, up hill from #1

(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 150 ft.
Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
6	22	150	Cement	22	0	9 sacks

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	+2	25	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	-4	150	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets) 25

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
150	110	1/4x8	96			<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
11		150	(1 hr.)

Temperature of water 51 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: _____

(10) STATIC WATER LEVEL:

19 ft. below land surface. Date 5-24-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 33

From	To	Estimated Flow Rate	SWL
33	36	5	19
48	55	4	19
70	74	2	19

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Brown clay	0	11	
Decomposed granite	11	19	
Tombstone granite, frac	19	150	19

RECEIVED

JUN 12 1991

WM. DIST. 14
GRANTS PASS, ORE.

Date started 5-23-91 Completed 5-24-91

(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.

WWC Number 675
Signed _____ Date 5-24-91

(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.

WWC Number 675
Signed Robert E. Quinn Date 5-24-91