

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

Jose
45662

9159

395/GW-3/da
 31184

(START CARD) # 31184

(1) OWNER: Well Number: _____
 Name USDA Forest Service
 Address P O Box 440
 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 Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10	0	25	Bentonite	0	25	20 sacks
6	25	125				

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	63	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets) 63

(7) PERFORATIONS/SCREENS:
 Perforations Method Air
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30	60	1/4 x 3	475			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 5 Drawdown _____ Drill stem at 62 Time (1 hr.)

Temperature of water 45 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 39 N or S. Range 6W E or W. WM.
 Section 31 NE 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Grayback xxxxxxxxxxxx Campground

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 11-2-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 40

From	To	Estimated Flow Rate	SWL
40	45	3	12
51	53	2	12

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown clay, medium to large boulders	0	53	
x Gray clay, medium gravel medium to large boulders	53	75	12
Gray clay, medium gravel	75	81	
Gray basalt, soft	81	120	
Basalt, hard	120	125	

RECEIVED

NOV 11 1991

WM. DIST. 14
 GRANTS PASS, OREG

Date started 10-28-91 Completed 11-2-91

(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 Michael Pierce WWC Number 1462 Date 11-2-91

(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 Bob Quinn WWC Number 675 Date 11-5-91