

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

*JOSE*  
*45804*

FEB 19 1992

*36s/6w/13bd*  
*35543*

(START CARD) #

(1) OWNER: Well Number: *1*

Name *Meadow View*  
Address *2315 Upper River Rd Loop*  
City *Grant's 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 *55* ft.  
Explosives used  Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
<i>10"</i>	<i>0</i>	<i>20'</i>	<i>Cement</i>	<i>0</i>	<i>20</i>	<i>10 sacks</i>
<i>6"</i>	<i>0</i>	<i>55'</i>				

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:

Casing	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
<i>6"</i>	<i>12</i>	<i>33</i>	<i>250</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Liner:								

Final location of sheets) *33'*

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<i>50</i>		<i>54</i>	<i>1 hr.</i>

Temperature of water *50°* 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 *90* Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township *36s* N or S. Range *6w* E or W. WM.  
Section *132* SE ¼ NW ¼  
Tax Lot *1900* Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) *same*

(10) STATIC WATER LEVEL:

*15* ft. below land surface. Date *1/22/92*  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found		Estimated Flow Rate	SWL
<i>40'</i>	<i>55'</i>	<i>50</i>	<i>40</i>

(12) WELL LOG:

Material	From	To	SWL
<i>Granite decomposed</i>	<i>0</i>	<i>10</i>	
<i>granite clay</i>	<i>10</i>	<i>15</i>	
<i>Brown clay</i>	<i>15</i>	<i>20</i>	
<i>granite med hard</i>	<i>20</i>	<i>30</i>	
<i>granite hard</i>	<i>30</i>	<i>50</i>	
<i>granite blk white</i>	<i>50</i>	<i>55</i>	<i>15</i>

Date started *1/22/92* Completed *1/22/92*

(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 *298*

Signed *Charles B Pelley* Date *1/29/92*