

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

WATER RESOURCES DEPT.  
 OREGON

(START CARD) # 34097

*Jose*  
 45931 MAR 29 1992

36s/6w/24cb

**(1) OWNER:**

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

Well Number \_\_\_\_\_

**(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  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10	0	25	Bentonite	0	25	10 sacks
			Bentonite	80	100	
6	25	150				

How was seal placed: Method  A  B  C  D  E  
 Other Poured dry

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	84	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	-2	150	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 84

**(7) PERFORATIONS/SCREENS:**

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
120	140	1/2 x 5	60			<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
40		150	(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 Joseph Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 36 N or S. Range 6 E or W. WM.  
 Section 24 NW 1/4 SW 1/4  
 Tax Lot 200 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_  
1720 Redwood Avenue

**(10) STATIC WATER LEVEL:**

22 ft. below land surface. Date 5-14-92  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found 108

From	To	Estimated Flow Rate	SWL
108	110	10	22
118	119	10	22
139	141	20	22

**(12) WELL LOG:**

Ground elevation \_\_\_\_\_

Material	From	To	SWL
Brown clay, medium gravel	0	58	
Brown clay, sand & gravel	58	76	
Decomposed granite	76	85	
Tombstone granite	85	150	22
Packer at 100 feet with Bentonite between casing and liner.			
<b>RECEIVED</b>			
<b>MAY 26 1992</b>			
W.M. DIST. 14 GRANTS PASS, ORE.			

Date started 5-14-92 Completed 5-14-92

**(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. Material used and information reported above are true to my best knowledge and belief.

Signed Michael Pierce WWC Number 1462  
 Date 5-14-92

**(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 Bean WWC Number 675  
 Date 5-15-92