

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

JOSE
 50176

(START CARD) # 74820

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
 Name Mike Larson
 Address 180 Suzanne Court
 City Grants Pass State Or Zip 97526

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 200 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	45	Bent.	0	45	17 sacks
6	45	200				

How was seal placed: Method A B C D E
 Other poured
 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	78	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4	0	200		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 78'

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
180	200	1/4 x 5	60	4"		<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
14		195'	(1 hr.)

Temperature of water 54 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 35 N or S Range 6 E or W. WM.
 Section 26 NW 1/4 SW 1/4
 Tax Lot 506 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
2636 Merlin Galice Rd

(10) STATIC WATER LEVEL:
0 ft. below land surface. Date 4/23/96
 Artesian pressure 4 lb. per square inch. Date 4/23/96

(11) WATER BEARING ZONES:

Depth at which water was first found 91'

From	To	Estimated Flow Rate	SWL
91'	92'	2	0
157'	161'	3	0
171'	173'	7	0
182'	183'	2	0

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Small-medium boulders			
gray clay, unconsolidated	0	7	
Brown clay, medium gravel unconsolidated	7	19	
Gray clay, unconsolidated	19	26	
Brown clay, medium gravel unconsolidated	26	37	
Decomposed granite, medium firm, consolidated	37	89	
Tombstone granite, medium hard, consolidated	89	157	0
Fractured Decomposed granite, consolidated	157	173	0
Tombstone granite, medium-hard, consolidated	173	200	0

Date started 4/19/96 Completed 4/23/96

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 Signed Steven Carter WWC Number 1659 Date 4/23/96

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed Bob Quinn WWC Number 675 Date 4/23/96