

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

JOSE
50246

365/070/11AA

(START CARD) # 87210

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

(1) OWNER: Well Number L02970
Name JOSEPHINE COUNTY PARKS
Address 125 RINGUETTE ST
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 101 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	18	cement	0	18	7	sacks
6"	18	101					

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	48	0.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	101	#40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method air (casing) saw (liner)
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
35	45	1	15	3/4		<input checked="" type="checkbox"/>	<input type="checkbox"/>
81	100	6	36	1/8		<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 _____
12 _____ 100 x 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 JOSEPHINE Latitude _____ Longitude _____
Township 36S N or S Range 7W E or W. WM.
Section 11 NE 1/4 NE 1/4
Tax Lot 100 Lot 8 Block _____ Subdivision _____
Street Address of Well (or nearest address) GRIFFIN PARK

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 6-12-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 35

From	To	Estimated Flow Rate	SWL
35	75		10

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
brown clay	0	10	10
cemented gravel	10	75	10
rock blk wht soft	75	101	10

RECEIVED

JUN 21 1996

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6-12-96 Completed 6-13-96

(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.
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
COLEMAN'S WELL DRILLING CO. WWC Number 1324
Signed James Sublette Date 6-19-96