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St. ID #

L02356

STATE OF OREGON WATER WELL REPORT

(as required by ORS 537.765)

OCT - 8 1996

WATER RESOURCES DEPT.

(START CARD) # 89722

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

(1) OWNER:

Well Number 937-96

Name Brenda Faye Poole
Address 804 N.W. Elm 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 125 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	23	Cement	0	23	14 Sacks
8"	23	65	+	23	65	Bentonite
6"	65	125	Bentonite			1 Sack
						Cement

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured Dry + capped with cement

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"	+1	91	.250	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) 91

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
Yield gal/min 24 Drawdown 77 Drill stem at 125 Time 1 hr
☐ Artesian

Temperature of water 56° 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 Jose Latitude _____ Longitude _____
Township 35S N or S Range 6W E or W. WM. _____
Section 11-20 SE 1/4 NW 1/4 _____
Tax Lot 1703 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 545 Potts
Way Grants Pass Or.

(10) STATIC WATER LEVEL:

48 ft. below land surface. Date 10-1-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 85

From	To	Estimated Flow Rate	SWL
91	125	24	48

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown clay med gravel S-med Boulders	0	6	
Light Brown clay S-large Boulders	6	27	
Brown clay + granit	27	35	
Grayish green clay gravel - large Boulders	35	50	
Heavy Brown clay + granit	50	60	
Hard gray clay + granit	60	85	48
tombstone granit	85	105	48

Date started 9-30-96 Completed 10-1-96

(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.

WWC Number 260

Signed _____

Date _____

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BOOK 4

NW 1/4 SEC. II T. 35 S. R. 6 W. W.M.
JOSEPHINE COUNTY

WATER RESOURCES DEPT. 35 6 1
SALEM, OREGON

This map was prepared for
purpose only.

