

DEC 30 1996

WELL I.D.# L08486

STATE OF OREGON WATER SUPPLY WELL REPORT

WATER RESOURCES DEPT. JOSE SALEM, OREGON 50643

(START CARD) # 87443

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

(1) OWNER: Well Number Name Dave Adams Address P.O. Box 1549 City Grants Pass State Oregon 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 368 ft. Explosives used Yes No Type Amount

Table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Row 1: 10, 0, 18, Bentonite, 0, 18, 7. Row 2: 6, 18, 368.

How was seal placed: Method A B C D E Other Dry Poured Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 6, +2, 18, 250. Liner: 4, +1, 368, 160.

Final location of shoe(s) 18

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner. Row 1: 328, 368, 1/4 X 6, 120.

(8) WELL TESTS: Minimum testing time is 1 hour. Pump, Bailer, Air, Flowing Artesian. Yield gal/min 85, Drawdown, Drill stem at, Time 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 Josephine Latitude Longitude Township 36 N or S Range 6 E or W. WM. Section 3 NE 1/4 NE 1/4 Tax Lot 111 Lot Block Subdivision Street Address of Well (or nearest address) High Ridge Terrace

(10) STATIC WATER LEVEL: 150 ft. below land surface. Date 12/23/96 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 183

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 183, 184, 1/2, 150. Row 2: 205, 206, 1, 150. Row 3: 367, 368, 83 1/2, 150.

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Rows: Decomposed Granite (0-9), Decomposed Granite-Consolidated (9-148), Tombstone Granite-Consolidated-Black-White-Fractured (148-368).

Date started 12/20/96 Completed 12/23/96

(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. Signed Michael Pierce WWC Number 1251 Date 12/23/96

(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. Signed Michael Pierce WWC Number 1251 Date 12/23/96