JOSE 50757

RECEIVED APR 25 1997 WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D.# L 100072

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

(START CARD) # 90683

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

(1) OWNER: Well Number _____
Name Billie Howard
Address 827 Haynes Dr
City Grants Pass State OR Zip 97527

(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 140 ft.
Explosives used ☐ Yes ☑ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	18	Bentonit	0	18	11 Sacks
6"	18	140				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☑ Other pour
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	117	250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4"	-1	140	160	☐	☑	☑	☐
					☐	☐	☐	☐

Final location of shoe(s) 117

(7) PERFORATIONS/SCREENS:
☑ Perforations Method SKILSAW
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
120	140	1/8	40	6"	4"	☐	☑
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
15		110	1 hr.

Temperature of water 50° 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 35 N or S Range 6 E or W. WM.
Section 17-4 SW 1/4 S-E 1/4
Tax Lot 10 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
222 Gary Lane Grants Pass

(10) STATIC WATER LEVEL:
43' ft. below land surface. Date 4-2-97
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
85	140	15	43'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
OB + Gravels & Clay	0	110	
OB + Gravels	110	135	43'
B+W Granite	135	140	43'

Date started 4-1-97 Completed 4-2-97

(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 1535
Signed Dennis J Ordway Date 4-24-97

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER