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JUN 26 1997

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L07433

JOSE 50869

(START CARD) # 87330

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report on the last page of this form.

(1) OWNER: Well Number _____
Name Jim Soyka
Address 208 East Third North
City Richfield State UT Zip 84701

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

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

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

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

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
		N/A				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other N/A
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:		N/A			☐	☐	☐	☐
Liner:					☐	☐	☐	☐

Final location of shoe(s) _____

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

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

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

Yield gal/min	Drawdown	Drill stem at	Time
1	400'		1 hr.

Temperature of water 52 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 37 N or (S) Range 6 E or (W) WM.
Section 1 SE 1/4 NE 1/4
Tax Lot 1008 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 4123 New Hope Rd, Grants Pass OR 97527

(10) STATIC WATER LEVEL:
2 ft. below land surface. Date 5-21-97
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
N/A			

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
* completion date reflects date well was first pumped			

Date started 5-21-97 Completed 6-12-97 *

(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 1392
Signed [signature] Date 6-24-97

(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 1392
Signed [signature] Date 6-24-97

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