

NOV 24 1997

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

WATER RESOURCES DEPT. SALEM, OREGON

(START CARD) # 87219

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

(1) OWNER: Well Number \_\_\_\_\_ Name MACE'S EXCAVATION/DON EASTER Address P.O. Box 517 City GRANTS PASS State OR Zip 97528

(2) TYPE OF WORK [X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD: [X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Other

(4) PROPOSED USE: [X] Domestic [ ] Community [ ] Industrial [ ] Irrigation [ ] Thermal [ ] Injection [ ] Livestock [ ] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [ ] Yes [X] No Depth of Completed Well 180 ft. Explosives used [ ] Yes [X] No Type \_\_\_\_\_ Amount \_\_\_\_\_

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds. Rows include Bentonite and Cement.

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E [ ] Other DRY POUR/CEMENT CAP 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. Rows for Casing and Liner.

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS: [X] Perforations Method SAW [ ] Screens Type \_\_\_\_\_ Material \_\_\_\_\_ Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour. Table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Includes Pump, Bailer, Air, and Flowing Artesian options.

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 5W E or W. WM. Section 16 SE 1/4 SE 1/4 Tax Lot 1101 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Street Address of Well (or nearest address) AURORA AVE

(10) STATIC WATER LEVEL: 60 ft. below land surface. Date 11-11-97 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES: Depth at which water was first found 95

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 95, 180, \_\_\_\_\_, 60.

(12) WELL LOG: Ground Elevation \_\_\_\_\_

Table with columns: Material, From, To, SWL. Rows include RED CLAY, BWN CLAY, CBL, RK BLK, WHT GRN SOFT, RK BLK, WHT GRN FRACT.

Date started 11-11-97 Completed 11-12-97 (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.

Signed \_\_\_\_\_ Date \_\_\_\_\_ WWC Number \_\_\_\_\_

(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. Signed James Sublette WWC Number 1324 Date 11/19/97