Jose
51785

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WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D.# L12064
(START CARD) # 87328

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

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

(1) OWNER: Well Number
Name Lou Petrulli
Address 6380 Tunnel Loop Rd.
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 Hydro fracture

(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 N/A 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
12	200'		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 34 N or S Range 6 E or W. WM.
Section 28 SW 1/4 NW 1/4
Tax Lot 500 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) 6380 Tunnel Loop Rd. Grants Pass OR 97526

(10) STATIC WATER LEVEL:
1 ft. below land surface. Date Sept 3
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
N/A			

Date started 9/3/97 Completed 9/30/97

(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 1592
Signed ____ Date 12/16/97

(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 1592
Signed ____ Date 12/16/97

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