

JOSE
52174

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

WELL I.D. # L 19903
START CARD # 90634

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

(1) **OWNER:** Well Number _____
Name Clovercrest Com. Water System LLC
Address 160 Robertson Lane
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 80 ft.
Explosives used Yes No Type _____ Amount _____

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

How was seal placed: Method A B C D E
 Other _____
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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>4</u>	<u>0</u>	<u>80</u>	<u>160</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) N/A

(7) **PERFORATIONS/SCREENS:**

Screens		Method		Type		Material		PVC	
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner		
<u>60</u>	<u>80</u>	<u>.02</u>		<u>4"</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		

(8) **WELL TESTS:** Minimum testing time is 1 hour

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

Temperature of water 51 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 Joseph Latitude _____ Longitude _____
Township 36 N or S Range 05W E or W. WM.
Section 29 SE 1/4 SE 1/4
Tax Lot 1300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
Well #2

(10) **STATIC WATER LEVEL:**
25 ft. below land surface. Date 7-24-98
Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found N/A

From	To	Estimated Flow Rate	SWL

(12) **WELL LOG:**
Ground Elevation _____

Material	From	To	SWL
Installed liner with screen			

Date started 7-24-98 Completed 7-24-98

(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 Bob [Signature] WWC Number 675
Date 7-27-98

(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 William [Signature] WWC Number 1570
Date _____