JOSE 52481

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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.

WELL I.D. # L 27900
START CARD # 102956

(1) OWNER: Well Number 1053-99
Name Brian Arnold
Address 891 Three Pines 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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 200 ft.
Explosives used ☐ Yes ☒ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	23	Bentonite	0	23	9 Sacks
6"	23	200				Bentonite

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured DRY
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	41	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 41

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

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

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

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

Temperature of water DRY 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 Jose Latitude ____ Longitude ____
Township 34 N or S Range 6 E or W. WM.
Section 34 SE 1/4 SW 1/4
Tax Lot 301 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) 891 Three Pines Rd. Grants Pass, OR.

(10) STATIC WATER LEVEL:
DRY ft. below land surface. Date 1-5-99
Artesian pressure ____ lb. per square inch. Date ____

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

From	To	Estimated Flow Rate	SWL
DRY			

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
Redish Brown clay + granite	0	3	
Brown clay + granite	3	11	
gray clay + granite	11	14	
Tombstone granite	14	200	2
			2
			0
			2

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WATER RESOURCES DEPT.
SALEM, OREGON

Date started 1-4-99 Completed 1-5-99

(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 760
Signed Carlton R. Cutsforth Date ____

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

JOSE 52481

WELL IDENTIFICATION FORM COMPLETED

2-2

Owner's Well Number: _____

CURRENT WELL OWNER: Phone: 479-8292 -W

Name: Brian & Carol Arnold

Mailing Address: 891 Three Pines Rd. (895 Three Pines)

City: Merlin State: OR Zip: 97532

WELL LOCATION: JOSE 52481

County: 34 Latitude: 06 Longitude: 34

Township: 34 N or S, Range: _____ E or W Section: _____ _____ 1/4 _____ 1/4

Tax Lot Number : ~~300~~ & 301

Street Address of Well (if different from above): _____

_____

If a well report is available for this well, please attached a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction : _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____

If yes: Application #: _____ Permit #: _____ Certificate #: _____

PLEASE RETURN COMPLETED FORM TO: **Oregon Water Resources Department**
158 12th Street NE
Salem, OR 97310

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WATER RESOURCES DEPT.
SALEM, OREGON

(Office use only)

Well Identification Number: 27900