

JOSE  
52628

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

WELL I.D. # L 28361  
START CARD # 113571

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Jeff Wheelon  
Address 5229 Redwood Avenue  
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 75 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Bentonite	0	18	7 sacks
6	18	75				

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	+2	58	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 58

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<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.)
25		55	

Temperature of water 55 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 06 E or W. WM.  
Section 29 NE 1/4 SE 1/4  
Tax Lot 2400 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 5229 Redwood Avenue

(10) STATIC WATER LEVEL:  
18 ft. below land surface. Date 4-15-99  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 66

From	To	Estimated Flow Rate	SWL
66	72	25	18

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

Material	From	To	SWL
Decomposed granite, unconsolidated	0	9	
Decomposed granite, consolidated	9	43	
Decomposed granite, black, white, consolidated	43	75	18

RECEIVED

MAY 11 1999

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 4-14-99 Completed 4-15-99

(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.

Signed Stewart Carter WWC Number 1659  
Date 4-15-99

(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 Bob Gunn WWC Number 675  
Date 4-16-99