

Amended

JOSE 52972

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

Jose
52972

WELL I.D. # 36429-36427
START CARD # 126733

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

(1) OWNER: Well Number _____
Name Kenneth Winther
Address 280 Cathedral Drive
City Grants Pass State Oregon 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 300 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL			
Diameter	From To	Material	From To	Sacks or pounds	
10	0 18	Bentonite	0 18	7	
6	18 300				

How was seal placed: Method A B C D E
 Other Dry Poured

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	19	250		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	0	300	160		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 19

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
280	300	1/2 X 6	80			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian Time
7		300	1 hr.

Temperature of water 58 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: _____

RECEIVED

(9) LOCATION OF WELL by legal description:
County Josephine Latitude _____ Longitude _____
Township 36 N or S Range 6 E or W. WM.
Section 6 NW 1/4 SW 1/4
Tax Lot 916 Lot 917 Block _____ Subdivision _____
Street Address of Well (or nearest address) 521 Seclusion Loop
365

(10) STATIC WATER LEVEL:
50 ft. below land surface. Date 10/12/99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 280

From	To	Estimated Flow Rate	SWL
280	285	7	50

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Decomposed Granite- Brown	0	12	
Tombstone Granite- Black White	12	300	

Amended Tax Lot & ID #
By: Michael Peirce SP
RECEIVED
OCT 18 1999
WATER RESOURCES DEPT
SALEM, OREGON

Date started 10/11/99 Completed 10/12/99

(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 Michael Peirce WWC Number 1251
Date 10/14/99

(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 Michael Peirce WWC Number 1251
Date 10/14/99

FEB 23 2005