

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

WELL I.D. # L 39165
 START CARD # 129327

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

(1) OWNER: Well Number _____
 Name Sidney Pickell
 Address 250 Skycrest Drive
 City Grants Pass State Oregon 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 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	8 sacks
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"/>
				<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: 4	0	300	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 19

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Saw
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
260	300	1/4" X 6	120			<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input 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
30		295	1 hr.

Temperature of water 54 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 36 N or S Range 5 E or W. WM.
 Section 29 SE 1/4 NW 1/4
 Tax Lot 900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 250 Skycrest Dr.

(10) STATIC WATER LEVEL:

40 ft. below land surface. Date 8/3/00
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 40

From	To	Estimated Flow Rate	SWL
40	67	15	40
75	80	5	40
110	115	5	40
260	270	5	40

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Decomposed Granite-Consolidated Brown-White	0	40	
Tombstone Granite-Consolidated Brown-Black White	40	67	
Tombstone Granite-Consolidated Black White	67	300	

RECEIVED

AUG 10 2000

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 8/2/00 Completed 8/3/00

(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 Pierce WWC Number 1251
 Date 8/7/00

(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 Pierce WWC Number 1251
 Date 8/7/00