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JOSE 5388
5388

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the STATE ENGINEER, STATE OF OREGON within 30 days from the date of well completion.

WATER WELL REPORT

State Well No. 37/bw-11 H
State Permit No.

(1) OWNER:
Name Veronica Jacobs
Address 5094 New Hope Rd.
Wants Pass, Ore.
(2) LOCATION OF WELL:
County Joseph Driller's well number
SE 1/4 NE 1/4 Section 11 T. 37 S. R. 6 W W.M.
Bearing and distance from section or subdivision corner

(11) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
" " " " " "
" " " " " "
Bailer test 8 gal./min. with 80 ft. drawdown after 2 hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? Yes No

(3) TYPE OF WORK (check):
Well Deepening Reconditioning Abandon
Abandonment, describe material and procedure in Item 12.
(4) PROPOSED USE (check): Domestic Industrial Municipal Irrigation Test Well Other
(5) TYPE OF WELL: Rotary Driven Cable Jetted Dug Bored

(12) WELL LOG: Diameter of well below casing
Depth drilled 98 ft. Depth of completed well 98 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
<u>decomposed granite</u>	<u>0</u>	<u>98</u>

(6) CASING INSTALLED: Threaded Welded
6" Diam. from 0 ft. to 98 ft. Gage 1/4
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage
(7) PERFORATIONS: Perforated? Yes No
Type of perforator used touch
Size of perforations 4 in. by 1/4 in.
36 perforations from 93 ft. to 98 ft.
..... perforations from ft. to ft.
..... perforations from ft. to ft.
..... perforations from ft. to ft.
..... perforations from ft. to ft.

(8) SCREENS: Well screen installed? Yes No
Manufacturer's Name Model No.
..... Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

Work started 4/27 1966 Completed 5/2 1966
Date well drilling machine moved off of well 5/2 1966

(9) CONSTRUCTION:
Well seal—Material used in seal cement
Depth of seal 20 ft. Was a packer used? no
Diameter of well bore to bottom of seal 12 in.
Were any loose strata cemented off? Yes No Depth
Was a drive shoe used? Yes No
Was well gravel packed? Yes No Size of gravel:
Gravel placed from ft. to ft.
Did any strata contain unusable water? Yes No
Type of water? depth of strata
Method of sealing strata off

(13) PUMP:
Manufacturer's Name Myers
Type: Jet H.P. 3/4

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME Colaman's Well Drilling
(Person, firm or corporation) (Type or print)
Address 2060 Vine Street
Drilling Machine Operator's License No. 351
[Signed] Joseph E. Colman
(Water Well Contractor)
Contractor's License No. 380 Date 6/17, 1966

(10) WATER LEVELS:
Static level 18 ft. below land surface Date 5/2/66
Artesian pressure lbs. per square inch Date



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem Oregon 97301
 (503) 986-0900
 www.oregon.gov/owrd

Application for Well ID Number

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JUN 27 2018

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Bhupinder Singh Mander

Mailing Address: 5220 New Hope Rd

City, State, Zip: Grants Pass, OR, 97526

Mail Well ID to: SAME AS ABOVE In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 37 S (North / South) Range: 6 W (East / West) Section: 11 1/4 of the A 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 2800 County Josephine

GPS Coordinates: _____

Street Address of Well, City: 5220 New Hope Rd, Grants Pass

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): _____

Date Well Constructed (or property built): 6/17/1966 Total Well Depth: 98' Casing Diameter: 6"

Owner at time the well was constructed (if known): Veronica Jacobs Well Report # (if known): JOSE 5388

Other Information: _____

SUBMITTED BY (please print): Shane Kinney

PHONE: (541) 646-4598

EMAIL &/or FAX: skinney@oda.state.or.us

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
 Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

6-27-18

Well Report Number:

JOSE 5388

Well Identification #:

L-130723