

JOSE
54237

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

WELL I.D. # L 48706
START CARD # 142952

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

(1) LAND OWNER Well Number _____
Name Woodruff Construction
Address P.O. Box 1057
City Grants Pass State OR Zip 97528

(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 125 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Bent.	0	18	7 sacks
6	18	125				

How was seal placed: Method A B C D E
 Other 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	+2	58	.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	125	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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 58

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
115	125			4		<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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25		115	1 hr.

Temperature of water 56 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 6 E or W. WM.
Section 29 NE 1/4 SE 1/4
Tax Lot 3200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Redwood Ave

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 8-2-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 107

From	To	Estimated Flow Rate	SWL
107	125	25	18

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown clay, fine sand (unc)	0	57	18
Decomposed granite soft (unc)	57	107	18
Decomposed granite fractured, black & white. (Unc)	107	125	18

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OCT 09 2001
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WATER RESOURCES DEPT. SALEM, OREGON
WATER RESOURCES DEPT. SALEM, OREGON

Date started 8-2-01 Completed 8-2-01

(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 Stacey Carter WWC Number 1659 Date 8-2-01

(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 Quinn WWC Number 675 Date 8-2-01