

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

JOSE
55932

WELL I.D. # L70881
START CARD # 163109

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

(1) LAND OWNER Well Number _____
Name PHIL KROUSE
Address 15877 N APPLGATE RD
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 240 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
GROUT NOT DISTURBED					
6	100' 240'				

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

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	0	240	160	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
220	240	6	45	1/4		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
20		239	X 1 hr.

Pump Bailer Air Artesian

Temperature of water 53 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 JOHNSON latitude _____ Longitude _____
Township 38S N or S Range 4W E or W. WM.
Section 8 NE 1/4 SW 1/4
Tax Lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 15877 N APPLGATE

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 7-8-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 100

From	To	Estimated Flow Rate	SWL
100	140		15

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
BASALT BLK SOFT	100	240	15
S.W.L. before Deepen 15'			

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Date started 7-8-04 Completed 7-8-04

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well during the construction dates reported above. All work performed during this time 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 _____ WWC Number _____ Date _____

(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.
COLEMAN'S WELL DRILLING WWC Number 1324
Signed Jim Sublette Date 7-12-04

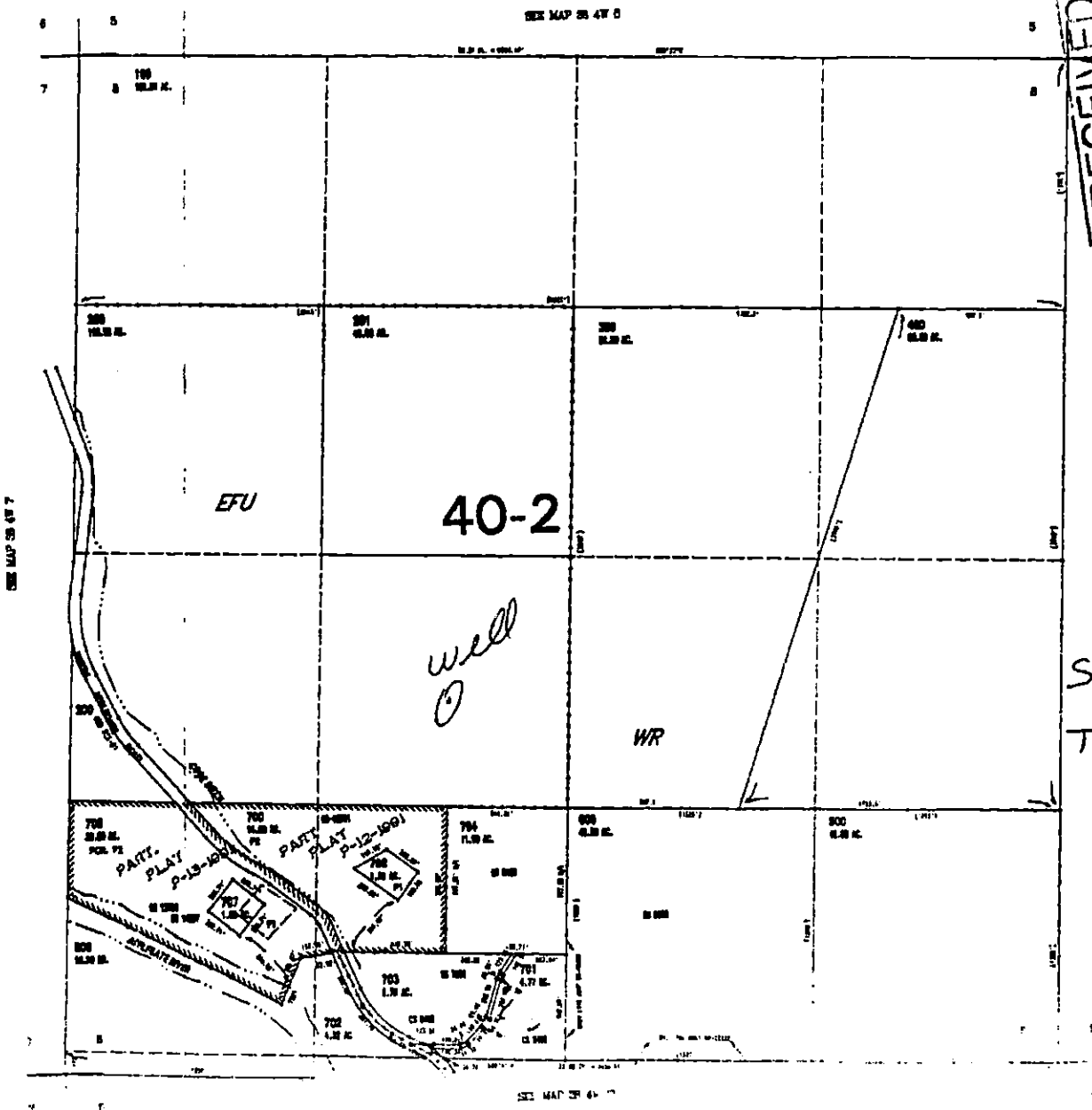
THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSES ONLY

SECTION 8 T36S R4W. WM.
JOSE 559
JACKSON COUNTY
T-402

38 4W 8

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SALEM, OREGON

TL 800
SC 163109



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