

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

WELL I.D. # L 74821

START CARD # 171487

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

(1) LAND OWNER Well Number _____
 Name CHARLES MEYER
 Address 6450 WILLIAMS HWY
 City GRANTS PASS State OR Zip 97527

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 100 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10	0	18	BENTONITE	0	18	9 SACKS
6	18	100				

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	78	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 78'

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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
50		75	

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 (legal description)
 County JOSEPHINE
 Tax Lot 3200 Lot _____
 Township 37 S Range 05 W WM
 Section 18 SW 1/4 SE 1/4

Lat _____ ° _____ ' _____ " or _____ (degrees or decimal)
 Long _____ ° _____ ' _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 6450 WILLIAMS HWY

(10) STATIC WATER LEVEL
13 ft. below land surface. Date 12/30/2004
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 16

From	To	Estimated Flow Rate	SWL
16	89	50	13

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
BROWN CLAY, MED. GRAVEL			
FINE SAND (UND)	0	100	13

RECEIVED

JAN 24 2005

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 12/29/2004 Completed 12/30/2004

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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.

WWC Number 1659 Date 12/30/2004

Signed Steven Carter

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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.

WWC Number 675 Date 12/30/2004

Signed Bob Quinn