

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

WELL I.D. # L 80145

START CARD # 180601

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

(1) LAND OWNER Well Number \_\_\_\_\_  
 Name GAYLEN ENGLE  
 Address 1528 PANORAMIC LOOP  
 City GRANTSPASS 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 80 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	11 SACKS
6	18	80				

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	38	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4	0	80	.160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None

Final location of shoe(s) 38

(7) PERFORATIONS/SCREENS  
 Perforations Method SAWN  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
60	80	1/4X6	60	4	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
21 GPM		60	1 HR

Temperature of water 51 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 901 Lot \_\_\_\_\_  
 Township 35 S Range 6 W WM  
 Section 21 NW 1/4 NW 1/4

Lat \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)  
 Long \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)

Street Address of Well (or nearest address) WEST OF PEAR ST, BEHIND OLD MERLIN BUILDING SUPPLY

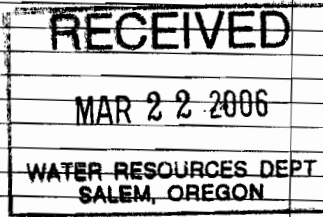
(10) STATIC WATER LEVEL  
12 ft. below land surface. Date 3-3-06  
 \_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES  
 Depth at which water was first found 38

From	To	Estimated Flow Rate	SWL
38	79	21 GPM	12

(12) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To	SWL
BROWN CLAY; MEDIUM TO LARGE GRAVEL (UNC)	0	16	
DECOMPOSED GRANITE BLACK & WHITE (UNC)	16	80	12



Date Started 3-3-06 Completed 3-3-06

(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 3-3-06

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 3-3-06

Signed Bob Quinn