JOSE 57341
10-27-2006

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 86414

START CARD # 187896

(1) LAND OWNER

Owner Well I.D. _____

First Name Jim Last Name Robinson
Company
Address 3791 Fish Hatchery Rd.
City Grants Pass State Or Zip 97527

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 180.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
10	0	40	Bentonite	0	40	14	S
6	40	180					

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other poured
Backfill placed from ____ ft. to ____ ft. Material ____
Filter pack from ____ ft. to ____ ft. Material ____ Size ____
Explosives used: [ ] Yes Type ____ Amount ____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
(●)	( )	6	[X]	2	58	.250	(●)	( )	[X]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

Shoe [X] Inside [X] Outside [ ] Other Location of shoe(s) 58
Temp casing [ ] Yes Dia ____ From ____ To ____

(7) PERFORATIONS/SCREENS

Perforations Method saw
Screens Type ____ Material ____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner		160	180	0	6	12	4

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

( ) Pump ( ) Bailer (●) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
15		179	

Temperature 51 °F Lab analysis [ ] Yes By ____
Water quality concerns? [ ] Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Josephine Twp 37.00 S N/S Range 6.00 W E/W WM
Sec 17 NW 1/4 of the NE 1/4 Tax Lot 300
Tax Map Number ____ Lot ____
Lat ___° ___' ___" or ____ DMS or DD
Long ___° ___' ___" or ____ DMS or DD
(●) Street address of well ( ) Nearest address

3791 Fish Hatchery Rd. Grants Pass, Or. 97527

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			[ ]	
Completed Well	10-17-2006		[ ]	30

Flowing Artesian? [ ] Dry Hole? [X]

WATER BEARING ZONES Depth water was first found 160

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
					[ ]	
10-17-2006	160	180	15		[ ]	30
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation ____

Material	From	To
Red Clay	0	20
Black Shale Soft	20	50
Hard Black Shale	50	80
Hard Black Shale W/F	80	180

Date Started 10-16-2006 Completed 10-17-2006

(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.

License Number ____ Date ____
Electronically Filed
Signed ____

(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.

License Number 1298 Date 10-27-2006
Electronically Filed
Signed CHARLES B PELKEY (E-filed)
Contact Info (optional) ____

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK