

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

WELL I.D. # L 88030

START CARD # 1000716

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

(1) LAND OWNER Well Number \_\_\_\_\_  
Name **ROBERT HAMLIN**  
Address **966 SW 6TH ST**  
City **GRANTS PASS** State **OR** Zip **97526**

(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 **300** 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	300'				

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				Steel	Plastic	Welded	Threaded
Diameter	From	To	Gauge				
Casing: 6	+2	88'	.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	300'	.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) **88'**

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

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
280'	300'	1/4X6	60	4"	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 ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
5.5 GPM		280'	1HR

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 **900** Lot \_\_\_\_\_  
Township **35** S Range **7** W WM  
Section **14** NW 1/4 SE 1/4

Lat \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)

Long \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)

Street Address of Well (or nearest address) **2321 GREEN TREE LOOP**

## (10) STATIC WATER LEVEL

**56** ft. below land surface. Date **3/14/07**

\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_

Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

## (11) WATER BEARING ZONES

Depth at which water was first found **91'**

From	To	Estimated Flow Rate	SWL
91'	126'	5.5 GPM	56

## (12) WELL LOG

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
BROWN CLAY; LARGE GRAVEL (UNC)	1	13	
SHALE WITH CLAY (CON)	13	86	
BLUE SHALE WITH QUARTZ (CON)	86	300	56

**RECEIVED**

**APR 11 2007**

**WATER RESOURCES DEPT  
SALEM OREGON**

Date Started **3/14/07**

Completed **3/14/07**

## (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 **3/14/07**

Signed **Stacy 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 **3/14/07**

Signed **Bob Quinn**