

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

WELL I.D. # L 87995
 START CARD # 193807

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

(1) LAND OWNER: Calvin Schmidt Well Number _____
 Name Calvin Schmidt
 Address 242 Missouri Flat 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 180 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
6	80	180				

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	158	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	168	178	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) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
158	168					<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 80 Drawdown _____ Drill stem at 175 Time 1 hr.

Temperature of water 54 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 Josephine Latitude _____ Longitude _____
 Township 37 N or S Range 5 E or W. WM.
 Section 36 NE 1/4 NW 1/4
 Tax Lot 601 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 242 Missouri Flat

(10) STATIC WATER LEVEL:
13 ft. below land surface. Date 7/30/07
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 88

From	To	Estimated Flow Rate	SWL
88	90	5	13
123	126	15	13
145	150	15	13
155	158	10	13
164	168	5	13

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Consolidated Brown Black White Tombstone Granite	80	95	13
Consolidated Black White Tombstone Granite Fractured	95	180	13

RECEIVED	RECEIVED
AUG 08 2007	OCT 09 2007
WATER RESOURCES DEPT SALEM, OREGON	WATER RESOURCES DEPT SALEM, OREGON

Date started 7/30/07 Completed 7/30/07

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, 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.
 Signed Phyllis Galt WWC Number 1847 Date 7/30/07

(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.
 Signed Michael Tice WWC Number 1251 Date 7/30/07