

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

WELL I.D. # L 92387

START CARD # 1002903

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

(1) LAND OWNER Well Number \_\_\_\_\_  
 Name JOSEPHINE COUNTY PARKS  
 Address 125 RINGUETTE ST  
 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 200 ft.  
 Explosives used:  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
10"	0'	18'	BENTONITE 0	18'	18'	11 SACKS
6"	18'	200'				

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

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	6"	+2'	18'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	4"	0'	200'	SCH 40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) 18'

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

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
180'	200'	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
10GPM		180	1 HR

Temperature of water 55 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 100 Lot \_\_\_\_\_  
 Township 36 S Range 5 W WM  
 Section 22 SE 1/4 NW 1/4

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

Street Address of Well (or nearest address) TOM PEARCE PARK

(10) STATIC WATER LEVEL  
47 ft. below land surface. Date 2/5/08  
 \_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES  
 Depth at which water was first found 129'

From	To	Estimated Flow Rate	SWL
129'	193'	10 GPM	47'

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

Material	From	To	SWL
BROWN CLAY (UNC)	0	4'	
BROWN SAND (UNC)	4'	12'	
TOMBSTONE GRANITE (CON)	12'	200'	47'

**RECEIVED**

FEB 19 2008

WATER RESOURCES DEPT  
 SALEM, OREGON

Date Started 2/5/08 Completed 2/5/08

(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 2/5/08

Signed [Signature]

(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 1841 Date 2/5/08

Signed [Signature]