

STATE OF OREGON
WATER SUPPLY WELL REPORT

JOSE 58376

WELL LABEL # L 87995 140915
START CARD # 201286
ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)

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

(1) LANDOWNER Owner Well ID.
First Name Calvin Last Name Schmidt
Company _____
Address 442 Missouri Flat RD
City Glants Pass State OR Zip 97527

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge 250 Casing Diameter 6"

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 102 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 102 ft. to 120 ft. Material Gravel Size 1/4

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
	X	4"		0	92	160		X		

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
	X		X	4"	92	102				

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

Yield gal/min 38 Drawdown _____ Drill stem/Pump depth 120 Duration (hr) 1hr
Temperature 54 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Josephine Twp 37 N or S Range 5 E or W W.M.
Sec 36 NE 1/4 of the NW 1/4 Tax Lot 601
Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 442 Missouri Flat RD

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
	<u>9-24-09</u>			<u>18</u>
Completed Well	<u>9-28-09</u>			<u>18</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>9-28-09</u>	<u>Existing water</u>		<u>38</u>			<u>18</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Removed Well Liner</u>	<u>Cleaned out well</u>	
	<u>From 0 to 120</u>	<u>gravel packed from</u>
	<u>102 to 120</u>	<u>with 1/4 washed pea gravel</u>
		<u>placed liner to 92 and screen</u>
	<u>From 92 to 102</u>	

Date Started 9-23-09 Completed 9-28-09

(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 1847 Date 9-30-09
Signed Paul Toster

(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 1251 Date 9-30-09
Signed Michael Peice
Contact Info. (optional)

RECEIVED
OCT 02 2009



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for Well ID Number

RECEIVED

NOV 10 2020

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Schmidt Family Vineyards LLC

Mailing Address: 242 Missouri Flat Rd

City, State, Zip: Grants Pass, OR 97527

Mail Well ID to: SAME AS ABOVE In Care Of (C/O)

Name & Address: Attn: Cal Schmidt

City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 37 S (North / South) Range: 5 W (East / West) Section: 36 NE 1/4 of the NW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 601 County Josephine

GPS Coordinates: 42.3156, -123.2399

Street Address of Well, City: 242 Missouri Flat Rd

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Nursery

Date Well Constructed (or property built): 1965 Total Well Depth: 102' Casing Diameter: 6"

Owner at time the well was constructed (if known): Mr. E. E. Wilkin Well Report # (if known): JOSE1922/58376

Other Information: Has two reports one for drilling in 1965 and one for new liner in 2009

SUBMITTED BY (please print): Sarah Schwab

PHONE: 503-508-6028

EMAIL &/or FAX: sschwab@oda.state.or.us

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

***OWRD STAFF NOTES: I believe this well is "well #2" on Certificate 37562, and well driller simply duplicated the well ID tag from other well (JOSE 57639) onto their well report. Replacing tag with this one. LKA**

For Official Use Only by the Oregon Water Resources Department:

Received Date:

11-10-2020

Well Report Number:

JOSE 1922 - ORIG
JOSE 58376 - ALT

Well Identification #:

L 140915