

JOSE 58948

WELL I.D. # L 104113

START CARD # 1016385

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

(1) LAND OWNER Well Number _____
 Name **Jeff Cunningham**
 Address **272 Minnow Ln**
 City **Wilderville** State **Or** Zip **97543**

(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 _____ ft.
Explosives used: ☐ Yes ☐ No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds

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:	6"	+4"	+24"	.250	☒	☐	☒
					☐	☐	☐
					☐	☐	☐
Liner:					☐	☐	☐
					☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) **N/A**

(7) PERFORATIONS/SCREENS
☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
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Temperature of water _____ 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 **2702** Lot _____
Township **37** S Range **6** W WM
Section **12** NW 1/4 **NE** 1/4

Lat _____° _____' _____" or _____ (degrees or decimal)
Long _____° _____' _____" or _____ (degrees or decimal)

Street Address of Well (or nearest address) **827 Jaynes Dr, Grants Pass,OR**

(10) STATIC WATER LEVEL
 _____ ft. below land surface. Date _____
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

[illegible]Date Started **4/24/12** Completed **4/24/12**

(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 _____ Date _____

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.

WWC Number **1841** Date **4/24/2012**

Signed Jack Hammer