STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

JOSE 60143

WELL I.D. LABEL# L 116400
START CARD # 213717
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D.
First Name Michael Last Name Sanders
Company & Steven Longstreth
Address 557 Jacks Cr. Rd
City Grants Pass State OR Zip 97526

(2) TYPE OF WORK [X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment (complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE [X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy)
Depth of Completed Well 160 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt (sacks)	lbs
10	0	18	Bentonite	0	18	9	
					Calculated		
6	18	160				450	1625
					Calculated		

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other Dry Poured & Hydrated
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
[X]	[ ]	6		2	31	250	[X]	[ ]	[X]	[ ]
[ ]	[X]	4		0	140	160	[ ]	[X]	[ ]	[ ]
[ ]	[ ]						[ ]	[ ]	[ ]	[ ]
[ ]	[ ]						[ ]	[ ]	[ ]	[ ]
[ ]	[ ]						[ ]	[ ]	[ ]	[ ]

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 31
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method Saw-Lazer Cut
Screens Type Crestline Material PVC

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
X	X	4	140	160	.020	1.25	3500	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20		155	1 hr

Temperature 56 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 260

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Josephine Twp 34 N/S Range 5 E/W WM
Sec 32 NW 1/4 of the NE 1/4 Tax Lot 302
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
[X] Street address of well [ ] Nearest address
557 Jacks Cr. Rd.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	7/6/17			50

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 78

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
7/6/17	78	79	5			50
7/6/17	87	90	15			50

(11) WELL LOG Ground Elevation

Material	From	To
Brown Clay Small to Medium Boulders	0	13
Consolidated Weathered Basalt	13	31
Consolidated Blue Basalt	31	160

RECEIVED
JUL 14 2017
OWRD

Date Started 7/6/17 Completed 7/6/17

(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 1251 Date 7/12/17
Signed Michael S. Pierce

(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 7/12/17
Signed Michael S. Pierce
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95