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

JOSE 60218

WELL I.D. LABEL# L 120251
START CARD # 213718
ORIGINAL LOG #

JOSE 60218

(1) LAND OWNER Owner Well I.D.
First Name Rick Last Name Calvert
Company
Address 425 Calvert Dr.
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 140 ft.

BORE HOLE

Dia	From	To
10	0	18
6	18	140

SEAL

Material	From	To	Amt (sacks/lbs)
Bentonite	0	18	9 Calculated
			450 lbs Calculated

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other Dry Poured
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		1	19	250	[X]	[ ]	[X]	[ ]
[ ]	[ ]						[ ]	[ ]	[ ]	[ ]
[ ]	[X]	4		0	120		[ ]	[X]	[ ]	[ ]
[ ]	[ ]						[ ]	[ ]	[ ]	[ ]
[ ]	[ ]						[ ]	[ ]	[ ]	[ ]

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 19
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method Lazer cut
Screens Type Certi Lock Material PVC

Perf/Screen	Casing/Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
		4	120	140	.020	2.75	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)
25		135	1 hr

Temperature 54 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 71

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Josephine Twp 36 N/S Range 06 E/W WM
Sec 04 NE 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
[X] Street address of well [ ] Nearest address
Rusty Spur

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			[ ]	
Completed Well	8/16/17		[ ]	50

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 58

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
8/16/17	58	60	2		[ ]	50
	35	50	3		[ ]	50
	88	90	3		[ ]	50
	115	120	3		[ ]	50
	130	135	4		[ ]	50

(11) WELL LOG Ground Elevation

Material	From	To
Decomposed Granite	0	6
Decomposed Granite Black-White-Consolidated	6	32
Tombstone Granite	32	140

RECEIVED BY OWRD
AUG 24 2017
SALEM, OR

Date Started 8/16/17 Completed 8/16/17

(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 8/22/16
Signed Michael S. Peace

(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 8/22/16
Signed Michael S. Peace
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