

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

JOSE 60682

8/19/2019

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

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134979

1044312

(1) LAND OWNER

Owner Well I.D. _____

First Name RACHEL

Last Name JONES

Company _____

Address 7410 N JERSEY ST.

City PORTLAND

State OR

Zip 97203

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
Material From To Amt sacks/lbs
Seal: _____

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 613.00 ft.

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	
10	0	33	Bentonite Chips	0	33	16	S
6	33	613			Calculated	15.06	
					Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ 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

Actual Amount

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 38
Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
120		613	1.5

Temperature 55 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 154 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County JOSEPHINE Twp 36.00 S N/S Range 6.00 W E/W WM

Sec 1 NE 1/4 of the NE 1/4 Tax Lot 300

Tax Map Number _____ Lot _____

Lat _____ " or 42.47420000 DMS or DD

Long _____ " or -123.35105000 DMS or DD

☒ Street address of well ☐ Nearest address

3226 NW HIGHLAND AVE. GRANTS PASS, OR 97526

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/16/2019			158
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 592.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/16/2019	592	596	30			158
8/16/2019	607	613	90			158

(11) WELL LOG

Ground Elevation _____

Material	From	To
BROWN DECOMPOSED GRANITE	0	27
BROWN/WHITE/GRAY GRANITE MED	27	41
GRAY/WHITE/BROWN GRANITE MED/HARD	41	83
GRAY/WHITE GRANITE W/PINK HARD	83	146
GRAY/WHITE GRANITE HARD	146	423
GRAY/WHITE GRANITE W/PINK HARD	423	545
GRAY/WHITE/PINK GRANITE MEDIUM	545	556
GRAY/WHITE GRANITE HARD	556	592
BROKEN GRAY GRANITE	592	596
GRAY/WHITE GRAY HARD	596	607
BROKEN GRAY GRANITE	607	613

Date Started 8/14/2019

Completed 8/16/2019

(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 1989

Date 8/16/2019

Signed GREG ELLIS (E-filed)

(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 1835

Date 8/19/2019

Signed KEVIN GILL (E-filed)

Contact Info (optional) CLOUSER DRILLING INC.

ORIGINAL - WATER RESOURCES DEPARTMENT

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