NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report

are to be filed with the V ED WATER WELL REPORT

WATER RESOURCES DEPARTMENTUL 25 1977

STATE OF OREGON

within 30 days from the date R RESCURCES DEPT



State Well No. 375/6w-13 ba

of well completion. SALEM. OF SCON (Do not write a	bove this line) State Permit N	o	
(1) OWNER:	(10) LOCATION OF WELL:		
Name NewHope Christian School	County Josephine Driller's well number		
Address 5961 New Hope Rd.	NE 14 NW 14 Section 13 T 375		
Grants Pass Orecon	•		W.M.
(2) TYPE OF WORK (check):	Bearing and distance from section or subdivisi	on corner	
New Well ☑ Deepening ☐ Reconditioning ☐ Abandon ☐			· · · · · · · · · · · · · · · · · · ·
If abandonment, describe material and procedure in Item 12.			
(3) TYPE OF WELL: (4) PROPOSED USE (check):	(11) WATER LEVEL: Completed w	ell.	
Potoner W Duisses D	Depth at which water was first found	150	ft.
Cable	Static level 42 ft. below land s	surface. Date 5	<u> </u>
Dug	Artesian pressure lbs. per square inch. Date		
CASING INSTALLED: Threaded Welded Welded	(12) WELL LOG: Diameter of well below casing		
6 "Diam from 0 ft. to 161 ft. Gage 250	Depth drilled 345 ft. Depth of completed well 345 ft.		
	Formation: Describe color, texture, grain size	and structure of	materials:
Diam, from It. Gage	and show thickness and nature of each stratu with at least one entry for each change of forma	m and aquifer p	enetrated.
PERFORATIONS: Perforated? Yes No.	position of Static Water Level and indicate prin	non, keport each cipal water-beari	cnange in ing strata.
Type of perforator used Torch	MATERIAL	From To	swL.
Size of perforations in. by in.	Granite	0 245	42
30 perforations from 156 ft. to 16/ ft.			
ft. to ft.			
perforations from ft. to ft.			
(7) SCREENS: Well screen installed? [] Ves W No			
To be detected in the part of			
Manufacturer's Name			
Diam. Slot size Set from ft. to ft.			
Diam. Slot size Set from ft. to ft.		<u> </u>	
			
(8) WELL TESTS: Drawdown is amount water level is lowered below static level		<u> </u>	
Was a pump test made? ☐ Yes X No If yes, by whom?			
Yield: gal./min. with ft. drawdown after hrs.			-
" " "			
" " " "			
Bailer test 45 gal./min. with 62 ft. drawdown after 2 hrs.			
Artesian flow g.p.m.			
perature of water Depth artesian flow encountered ft.	Work started 4-25- 1977 Complete	a 5-9-	19 77
(9) CONSTRUCTION:	Date well drilling machine moved off of well	5-9-	19 77
Well seal—Material used	Drilling Machine Operator's Certification:		
Well sealed from land surface toft.	This well was constructed under my	direct super	vision.
Diameter of well bore to bottom of sealin.	Materials used and information reported best knowledge and belief.	above are true	e to my
Diameter of well bore below seal	[Signed] James & Subletto	Date 7-19	- 1077
Number of sacks of cement used in well sealsacks	(Drilling Machine Operator)		
How was cement grout placed?	Drilling Machine Operator's License No		************
A STATE OF THE STA	Water Well Contractor's Certification:		
	This well was drilled under my jurisdiction and this report is		
Was a drive shoe used? Yes No Plugs Size: location ft.	true to the best of my knowledge and belief. Name Clemans (Dell Dellins Company)		
Did any strata contain unusable water? Yes No	(Person, firm or corporation) (Type)or print)		
Type of water? depth of strata	Address 2060 NeW. Vine, Gr	ants Po	225
Method of sealing strata off	The said P'DI		v
Was well gravel packed? Yes No Size of gravel:	[Signed] (Water Well Contra	actor)	
Gravel placed fromft. toft.	Contractor's License No. 380 Date	7-19-	10フワ
The state of the s	Date		, 19.//

For Official Use Only: Well Identification Tag # County Well Log ID# Received Date: WRS- 4-11-03 L-69983 Jose 7280 APR 11 WATER RESOURCES DEPT SALEM, OREGON WELL IDENTIFICATION APPLICATION FORM RECEIVED (please see attached instructions) MAR 1 2 2003 BUYER/CURRENT LANDOWNER (FOR PROPERTY WELL IS LOCATED ON): WATER RESOURCES DEPT. SALEM, OREGON Name: New Hope Christian Schools Inc. Mailing Address: <u>5961 New Hope Rd.</u> NOTE: Well Identification Tag will be sent to the above address unless otherwise specified above. City: Grants Pass DO NOT COMPLETE THIS FORM IF YOU ARE SHARING THE WELL ON ANOTHER'S PROPERTY. **WELL LOCATION:** Township: 37 North or South Range: 6 East or West, Section: 13 , NE 1/4 NW 1/4 (circle one) (circle one) 1302 ____(not the "tax acct.#") Type of Well: water supply ____ Tax Lot #:_1300 Address of Well: 5961 New Hope Rd.
(Number) (Street) If Yes: Application #:_____ Permit #: _____ Certificate #: _ (Optional): Latitude _____ Longitude _____ (May sometimes be obtained from Well Log Report) WELL INFORMATION: (If available, attach copy of driller's well report. If report is not available please complete the following, at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowners can be obtained from the County Assessor.) _____ Approx. Well Construction Date: 4/25/77 4 8/26/80 Start Card #:__ Well Constructor: Coleman's Well Drilling Name of Land Owner at Time of Construction (or list of prior landowners) New Hope Christian School Static Water Level (in feet): ___95____ Well Depth (in feet): 305 Diameter of Exposed Well Casing (in inches):

Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department
158 12th Street NE - Salem, OR 97301-4172, or fax to 503-378-8130

PREVIOUS WELL ID APPLICATION VERSIONS SHOULD NOT BE USED REVISED: 8-5-02