

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the

RECEIVED

WATER WELL REPORT

WATER RESOURCES DEPARTMENT
SALEM, OREGON 97310
within 30 days from the date
of well completion

STATE OF OREGON
(Please type or print)

State Well No. 365/5W-29 bd
State Permit No. JOSE 8395

SEP 11 1978
WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: #2
Name Sky Crest Heights Subdivision
Address 607 Sky Crest
Grants Pass, Oregon

(10) LOCATION OF WELL:
County Josephine Driller's well number
SE 1/4 NW 1/4 Section 29 T. 36S R. 5W W.M.
Bearing and distance from section or subdivision corner
TL-706

(2) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(11) WATER LEVEL: Completed well.
Depth at which water was first found no new water ft.
Static level 85 ft. below land surface. Date 8-14-78
Artesian pressure _____ lbs. per square inch. Date _____

(3) TYPE OF WELL: (4) PROPOSED USE (check):
Rotary Driven Domestic Industrial Municipal
Cable Jetted Irrigation Test Well Other
Dug Bored none used

(12) WELL LOG: Diameter of well below casing 6"
Depth drilled 50 ft. Depth of completed well 175 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

(5) CASING INSTALLED: none used
Threaded Welded
_____ " Diam. from _____ ft. to _____ ft. Gage _____
_____ " Diam. from _____ ft. to _____ ft. Gage _____
_____ " Diam. from _____ ft. to _____ ft. Gage _____

MATERIAL	From	To	SWL
<u>Granite (Black + white)</u>	<u>125</u>	<u>175</u>	<u>85</u>

(6) PERFORATIONS: Perforated? Yes No.
Type of perforator used _____
Size of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

(7) SCREENS: Well screen installed? Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Id: _____ gal./min. with _____ ft. drawdown after _____ hrs.
" _____ " " " "
" _____ " " " " "
Bailer test 6 gal./min. with 90 ft. drawdown after 2 hrs.
Artesian flow _____ g.p.m.
Temperature of water _____ Depth artesian flow encountered _____ ft.

Work started 8-10 1978 Completed 8-14 1978
Date well drilling machine moved off of well 8-14 1978

(9) CONSTRUCTION: didn't disturb original casing
Well seal—Material used _____
Well sealed from land surface to _____ ft.
Diameter of well bore to bottom of seal _____ in.
Diameter of well bore below seal _____ in.
Number of sacks of cement used in well seal _____ sacks
How was cement grout placed? _____

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] James S. Sublette Date 8-25 1978
(Drilling Machine Operator)
Drilling Machine Operator's License No. 1111

Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name Coleman's Well Drilling Company
(Person, firm or corporation) (Type or print)
Address 2075 NW Vine St. Grants Pass.
[Signed] Joseph E. Blum
(Water Well Contractor)
Contractor's License No. 380 Date 8-25 1978