

L-104365

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # 54510 54524
 START CARD # 145824

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER

Name FELD JUSTICE Well Number _____
 Address TWIN LAKES RD
 City GRASS VALLEY State CA Zip 97029

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger

☐ Other _____

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation

☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 225 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL				Sacks of pounds
Diameter	From	To	Material	From	To	Material	Material	
12	0	20	CEMENT	0	20	"	"	200
10	20	70	"					
8	70	225						

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

☐ Other PUMPED BITUMEN

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8	1	70	12.50	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None

Final location of shoe(s) 70

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing

☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
75	100%	224.5	1 hr.

Temperature of water 52 Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County SHERMAN Latitude _____ Longitude _____

Township 3S N or S Range 16E E or W. WM.

Section 20 SW 1/4 NW 1/4

Tax Lot 220 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 91043 DAVIS LN.

GRASS VALLEY CA 97029

(10) STATIC WATER LEVEL:

48 ft. below land surface. Date 3-1-04

Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 71

From	To	Estimated Flow Rate	SWL
71	220	75	48

(12) WELL LOG:

Ground Elevation 1500

Material	From	To	SWL
SOIL	0	3	
GREY BROWN ROCK	3	55	
GRAVEL, GLETT + CLAY			
BROWN	55	61	
GREY BROWN ROCK	61	71	
GREY BROWN + RED			
ROCK, GRAVEL + CLAY			
SLAMS (W.B.)	71	220	48
GREY BLUE BASALT			
HARD	220	225	

RECEIVED

MAR 09 2004

WATER RESOURCES DEPT
SALEM, OREGON

Date started 2-5-04 Completed 3-1-04

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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.

WWC Number _____

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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.

WWC Number 1782

Signed Jo White Date 3-7-04