

STATE OF OREGON  
WATER WELL REPORT JUN 4 1986  
(as required by ORS 537.765)  
WATER RESOURCES DEPT

RECEIVED

JACK 14403 JACK  
14403

375/4W-3266

(1) OWNER: Paul List  
Name Paul List  
Address 1070 Kubli Road  
City Grants Pass State OR Zip 97527

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Other

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation  
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION:

Depth of Completed Well 115 ft.

Special Standards date of approval

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
6	0	18	F.C.	0	18	7 sacks
6	18	115				

How was seal placed? Method ☐ A ☐ B ☒ C ☐ D ☐ E

☐ Other

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:	6	+2	43	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	+2	115	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) 43

(7) PERFORATIONS/SCREENS:

☒ Perforations

Method Saw

☐ Screens

Type \_\_\_\_\_

Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
75	115	1/4"	80	5"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

☐ Pump

☐ Bailer

☒ Dr

☐ Flowing  
☐ Artesian

Yield gal/min

Pumping level

Drillstem at

Time

36

1 hr

Temperature of water 51

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 Jackson Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 37 S N or S, Range 4 W E or W, WM.  
Section 30 NW 1/4 NW 1/4  
Tax Lot 700 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:

28 ft. below land surface.

Date 5-23-86

Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WELL LOG:

Ground elevation \_\_\_\_\_

Material	From	To	WB?	SWL
Brown Clay	0	5		
Decomposed granite	5	43		
Decomposed granite, hard	43	104	36	28
Tombstone granite, hard	104	115		

RECEIVED

MAY 29 1986

WELL DIST. 14  
GRANTS PASS, ORE

Date started 5-23-86 Completed 5-23-86

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Michael L. Purce Date 5-29-86

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed Bol Quinn Date 5-29-86

Company Paquin Drilling, Inc. Co. Job No. \_\_\_\_\_

**JACK 14403**

**WELL IDENTIFICATION APPLICATION FORM**

**RECEIVED**

**BUYER/CURRENT WELL OWNER:**

APR 10 1997

Name: ROBERT PROUSE

WATER RESOURCES DEPT.  
SALEM, OREGON

Mailing Address: 1070 KUALI ROAD

City: GRANTS PASS State: OR Zip: 97527 Phone: (541) 846-7792

**WELL LOCATION:**

County: JACKSON Township: 37 N or S Range: 4 E or W

Section: 30 NW 1/4 NW 1/4

Owner's Well Number: 2

Tax Lot Number: 700 Street Address of Well (if different from above): \_\_\_\_\_

**WELL INFORMATION: (do not complete remainder of application if well log is available)**

Start Card Number: \_\_\_\_\_ Approx. Construction Date: \_\_\_\_\_

Well Constructor: \_\_\_\_\_

Name of Owner at Time of Construction: \_\_\_\_\_

Well Depth (in feet): \_\_\_\_\_ Static Water Level (in feet): \_\_\_\_\_

Diameter of Exposed Well Casing (in inches): \_\_\_\_\_

Does this well have a formal water right associated with it? Yes: \_\_\_\_\_ No: ☒

If Yes: Application #: \_\_\_\_\_ Permit #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

**Please Return Completed Form to:**

**Lisa Juul  
Well Identification Program  
Oregon Water Resources Department  
158 12th Street NE  
Salem, OR 97310**

For Official Use Only:

Well Tag No. 13410

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