

RECEIVED
JUN 4 1986
JACK 14404

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04 JACK
14404

375/4W-3066

WATER RESOURCES DEPT

Owner's Well Number: 5

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Other

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

Depth of Completed Well 30 ft.

Special Standards date of approval

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
0	0	18	P.C.	0	18	6 sacks
6	18	30				

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 _____

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	12	18	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) 20

☐ Perforations Method _____

☐ Screens Type _____ Material _____

[illegible]☐ Pump ☐ Bailer ☒ Air ☐ Flowing
☐ Artesian

Yield gal/min	Pumping level	Drill stem at	Time
0		30	1 hr

Temperature of water _____ 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:

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) _____

N/A ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch. Date _____

Ground elevation _____

[illegible]

Date started 5-23-86 Completed 5-27-86

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 I. Pierce Date 5-29-86

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 Bob Quinn Date 5-29-86

Company Paquin Drilling, Inc. Co. Job No. _____

JACK 14404

WELL IDENTIFICATION APPLICATION FORM

RECEIVED

BUYER/CURRENT WELL OWNER:

Name: ROBERT PROUSE

APR 10 1997

WATER RESOURCES DEPT.
SALEM, OREGON

Mailing Address: 1070 KUALI ROAD

City: GEANTS 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: 3

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. 13411

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