

FEB. 26. 2009 8:41AM

QUINN'S 541-862-7105

Jose 53407

NO. 683 P. 1

WATER WELL CONSTRUCTION REPORT (as required by ORS 517.740)

Amended

WELL I.D. # L 38691

START CARD # 131792

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

(1) OWNER: Well Number \_\_\_\_\_

Name John Jones  
Address 858 NW 8th St  
City Grants Pass State OR ZIP 97526

(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 150 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Backer/pumps
Diameter	From	To	Material	From	To	
	10	0	18 Bent	0	18	8 sacks
	6	18	150			

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/LINERS:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing	6	+2	18	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lines					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/Screens:

From	To	Slot Size	Type	Material	Thickness	Casing	Line
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield	Drawdown	Flow Rate	Flowing Artesian
18		140	<input checked="" type="checkbox"/>

Temperature of water 54 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes By who? \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata \_\_\_\_\_

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(9) LOCATION OF WELL, by legal description:

County Joseph Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 36 S N or S Range 08 W U of W. WM.  
Section 06 NE 1/4 SW 1/4  
The lot 2203 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_  
Lower River Rd TL 2203

(10) STATIC WATER LEVEL:  
38 ft. below land surface. Date 7/13/00  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 64'

From	To	Estimated Flow Rate	SWL
64	137	10	38

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Decomposed granite, uncons.	0	7	
Decomposed granite, cons.	7	87	
Combstone granite, cons.	87	150	38

Amended Tax of member Bob Quinn

Date started 7/13/00 Completed 7/13/00  
(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.  
Signed Steve Carter WWC Number 1859 Date 7/13/00  
(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.  
Signed Bob Quinn WWC Number 675 Date 7/13/00

ORIGINAL WATER RESOURCES DEPT. SALEM, OREGON CONSTRUCTOR SECOND COPY - CUSTOMER

WATER RESOURCES DEPT  
SALEM, OREGON

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# JOSE 53407

FEB. 19. 2009 11:22AM

QUINN'S 541-862-7105

JOSE 53407

NO. 669 P. 1

Amended

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**  
(As required by ORS 537.763)

WELL I.D. # L 38691  
START CARD # 131732

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

(1) OWNER: Well Number \_\_\_\_\_  
Name John Jones  
Address 858 NW 6th St  
City Grants Pass State OR Zip 97526

(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 150 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	18	Bent.	0	18	8 sacks
6	18	150				

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	18	250	XX		XX	
Line:								

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing	Liner
					Tile/pipe size		

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
18		140	1 hr.

Pump  Baller  Air  flowing Artesian

Temperature of water 54 Depth Artesian Flow Point \_\_\_\_\_  
Was a water analysis done?  Yes By who \_\_\_\_\_  
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 Joseph Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 36 S N or S Range 06 W E or W. WM.  
Section 06 NE 1/4 SW 1/4  
Tax Lot 2202 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

Lower River Rd  
(10) STATIC WATER LEVEL:  
38 ft. below land surface. Date 7/13/00  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 64'

From	To	Estimated Flow Rate	SWL
64	137	18	38

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Decomposed granite, uncons	0	7	
Decomposed granite, cons.	7	87	
Tombstone granite, cons	87	150	38

Amended Tax lot number Bob Quinn

Date started 7/13/00 Completed 7/13/00  
(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.  
Signed Steven Carter WWC Number 1659 Date 7/13/00

(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.  
Signed Bob Quinn WWC Number 675 Date 7/13/00

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WATER RESOURCES DEPT  
SALEM, OREGON

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

WELL I.D. # L 38691  
 START CARD # 131732

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 City grants Pass State OR Zip 97526

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Diameter	From	To	Material	From	To	
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(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 6	+2	18	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_  
 (7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
18		140	1 hr.

Temperature of water 54 Depth Artesian Flow Found \_\_\_\_\_  
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 Depth of strata: \_\_\_\_\_

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 Section 06 NE 1/4 SW 1/4  
 Tax Lot 2202 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_  
Lower River Rd

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