

*Amended*

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

WELL I.D. # L 48690  
START CARD # 140268

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

(1) **LAND OWNER** Well Number \_\_\_\_\_  
Name Tom Dunn  
Address 1763 Rounds Ave.  
City Grants Pass State OR Zip 97527

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Bent.	0	18	7 sacks
6	18	100				

How was seal placed: Method  A  B  C  D  E  
 Other poured  
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	78	.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"/>

Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) 78

(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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
18		75	1 hr.

Pump  Bailer  Air  Flowing Artesian

Temperature of water 54 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 Joseph Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 36 N or S Range 6 E or W. WM.  
Section 28 NE 1/4 NW 1/4  
Tax Lot 602 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_  
1763 Rounds Ave.

(10) **STATIC WATER LEVEL:**  
24 ft. below land surface. Date 7-4-01  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) **WATER BEARING ZONES:**

Depth at which water was first found 13

From	To	Estimated Flow Rate	SWL
13	100	18	24

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

Material	From	To	SWL
Brown clay, fine sand (unc)	0	19	
Fine sand (unc)	19	36	24
Brown clay, fine sand (unc)	36	52	24
Decomposed granite, soft (unc)	52	100	24

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**SEP 20 2001**  
**WATER RESOURCES DEPT.**  
**SALEM, OREGON**

Date started 7-5-01 Completed 7-5-01

(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 Stewart Carter WWC Number 1659 Date 7-5-01

(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 Smith WWC Number 675 Date 7-5-01

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Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>18</u>		<u>75</u>	<u>1 hr.</u>

Pump  Bailer  Air  Artesian

Temperature of water 54 Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes By whom \_\_\_\_\_  
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AUG 03 2001

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Signed Steven Carter WWC Number 1659 Date 7-5-01

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Signed Bob Quinn WWC Number 675 Date 7-5-01