

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

**RECEIVED**  
DOUG 1694  
JUL 19 1994

265/3w/10  
68129  
(START CARD) #

(1) OWNER: Well Number SALEM

Name Downey Enterprises  
Address 4757 A State St.  
City Ontario State Calif Zip 91762

(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:  
Special Construction approval  Yes  No Depth of Completed Well 310 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount
Diameter	From	To	Material	sacks or pounds
6"	160	310		

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:				<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"/>

(7) PERFORATIONS/SCREENS:  
 Perforations Method Skill Saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
-1	310	6x1/4	600	4"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
106 gpm	270'	309'	1 hr.

Temperature of Water 41° 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 Douglas Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 26 N or S Range 3 E or W WM. 5  
Section 10 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot 200 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:  
40 ft. below land surface. Date 7/11/94  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL

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

Material	From	To	SWL
<u>Marine Basalt</u>	<u>160</u>	<u>310</u>	<u>40'</u>

Date started 7/11/94 Completed 7/12/94  
(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
Signed Gary Mahr WWC Number 1211  
Date 7/16/94

(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 well construction standards. This report is true to the best of my knowledge and belief.  
Signed Bruce A. Mahr WWC Number 629  
Date 7-17-94



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for
Well ID Number

RECEIVED

JUN 11 2021

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): UMPQUA RANCH COOPERATIVE
Mailing Address: 1 FORRESTWOOD LN
City, State, Zip: IDLEYLD PARK OR 97447
Mail Well ID to: [ ] SAME AS ABOVE [X] In Care Of (C/O)
Name & Address: SOUTHERN OREGON WATER WELLS 5057 N UMPQUA HWY
City, State, Zip: ROSEBURG OR 97470

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 26 S (North / South) Range: 3 W (East / West) Section: 10 SW 1/4 of the NW 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 200 County DOUGLAS
GPS Coordinates: 43.323163101; -123.046299
Street Address of Well, City: 1 FORRESTWOOD LN
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): DOMESTIC
Date Well Constructed (or property built): Total Well Depth: 307' Casing Diameter: 6"
Owner at time the well was constructed (if known): Well Report # (if known): DOUG 1674
Other Information: HAS 4" LINER THAT IS GLUED. HOLES IN LINER TO HELP SET. DOUG 1694

SUBMITTED BY (please print): KRISTEN SCHATTENKER
PHONE: 541-672-7834 EMAIL &/or FAX: KRISTEN@SOWATERWELLS.COM

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301, fax to (503) 986-0902, or you are welcome to email the completed form to Ladeena.K.Ashley@oregon.gov.

For Official Use Only by the Oregon Water Resources Department:

Received Date:
6-11-21

Well Report Number:
DOUG 1674 (deepened)
DOUG 1694 (deepened)

Well Identification #:
L 143040