

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

OCT 02 1989  
 WATER RESOURCES DEPT.  
 SALEM, OREGON

*Jack 16452*  
*385/2w/12*  
 (START CARD) # 12842

**(1) OWNER:** Well Number: \_\_\_\_\_  
 Name BOBBIE ROSS  
 Address 1627 SKYVIEW DRIVE  
 City MEDFORD State OR Zip 97501

**(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 365 ft.  
 Explosives used  Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount
Diameter	From	To	Material	sacks or pounds
10"	0	39	CEMENT	10 SACKS
6"	39	365		

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
6"	+1	39	.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"/>
						<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"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20GPM	125	365	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: \_\_\_\_\_

**(9) LOCATION OF WELL by legal description:**  
 County JACKSON Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 38N N or S, Range 2W E or W, WM.  
 Section 12 ¼ \_\_\_\_\_ ¼ \_\_\_\_\_  
 Tax Lot 5403 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) SAME AS #1

**(10) STATIC WATER LEVEL:**  
 \_\_\_\_\_ 240 ft. below land surface. Date 8-29-89  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found 338

From	To	Estimated Flow Rate	SWL
338	352	20 GPM	240

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

Material	From	To	SWL
SOIL, BROWN	0	2	
CLAY, BROWN	2	12	
CLAYSTONE, BROWN	12	26	
CLAYSTONE, BLUE	26	230	
SANDSTONE, BLUE	230	365	240

Date started 8-28-89 Completed 8-29-89

**(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 Jacquie Medina WWC Number \_\_\_\_\_ Date \_\_\_\_\_

**(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 Jacquie Medina WWC Number 1207 Date 8-29-89



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

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

APR 26 2024

OWRD

**I. OWNER INFORMATION**

Current Owner Name (please print): Timothy P Simpson Sr Revocable Living Trust / Edwin Shane Coen

Mailing Address: PO Box 8270

City, State, Zip: Medford, OR 97501

Mail Well ID to:  SAME AS ABOVE  In Care Of (C/O)

Name & Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Township: 38N (North / South) Range: 2W (East / West) Section: 12 NW 1/4 of the NW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 4100 County Jackson

GPS Coordinates: 42.285266, -122.891843 per OWRD water right mapping tool

Street Address of Well, City: 1627 Skyview Drive , Medford, OR 97501

If the property had a different street address in the past: formerly tax lot 5403 incorporated by PLA into TL4100

**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/irrigation WR permit G 18283

Date Well Constructed (or property built): 8-29-89 Total Well Depth: 365' Casing Diameter: 6"

Owner at time the well was constructed (if known): Bobbie Ross Well Report # (if known): Jack 16452

Other Information: Start Card # on well report is 12842

SUBMITTED BY (please print): Timothy P Simpson Sr

PHONE: 541-499-1093 EMAIL &/or FAX: tshimpsonsr@gmail.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.  
 Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:  
4-26-2024

Well Report Number:  
JACK 16452

Well Identification #:  
L-154706