

395/2W-7ca

NOV 24 1986

Owner's Well Number

RESOURCES
SALEM, OREGON

City SAnJose

State Calif. Zip 95123

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Other

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

Depth of Completed Well 300' ft.

Special Standards date of approval

How was seal placed? Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other dry pour

Backfill placed from _____ ft. to _____ ft.

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	0	60	250	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<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"/>

Final location of shoe(s)

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
☐ Artesian

Yield gal/min	Pumping level	Drill stem at	Time
2		300"	1 hr

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:

County Jackson Latitude ' " Longitude ' "

Township 39S N or S. Range 2W E or W. WM

Section 7 NE $\frac{1}{4}$ SW $\frac{1}{4}$

Tax Lot 1601 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 9400 Sterling CR.

Jacksonville Oregon 97530

30 ft. below land surface.

Date 10-23-86

Artesian pressure _____ lb. per square inch. Date _____

Ground elevation _____

[illegible]

Date started 10-23-86 Completed 10-24-86

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 _____ Date 11-10-86

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 Sgt. Murphy Date 11-10-86

Company Gribble Well Drilling Co. Job No.



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

MAR 27 2025

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

OWRD

I. OWNER INFORMATION

Current Owner Name (please print): ADRIENNE GARCIA

Mailing Address: 9400 STERLING CREEK RD

City, State, Zip: JACKSONVILLE, OR 97530

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: 39 S (North / South) Range: 2 W (East / West) Section: 7 NW 1/4 of the NE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 1601 County JACKSON

GPS Coordinates: 42.198134, -122.979098 (2120' N 1160' E OF CENTER SECTION 7)

Street Address of Well, City: 9400 STERLING CREEK RD JACKSONVILLE, OR 97530

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): IRRIGATION

Date Well Constructed (or property built): 10-24-1986 Total Well Depth: 300' Casing Diameter: 6"

Owner at time the well was constructed (if known): JAMES DAVENPORT Well Report # (if known): JACK 18130

Other Information: WR permit G 18547

SUBMITTED BY (please print): RICK PARSONS

PHONE: 541.499.0257 EMAIL &/or FAX: RICK.PARSONS@PARSONSWATER.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:

3-27-2025

Well Report Number:

JACK 18130

Well Identification #:

L-157049