

NOTICE TO WATER WELL CONTRACTOR

The original and first copy
of this report are to be
filed with the

STATE ENGINEER, SALEM, OREGON
within 30 days from the
of well completion.

JACK 2932

WATER WELL REPORT

RECEIVED
AUG 30 1968

STATE OF OREGON

(Please type or print)
not write above this line

State Well No. 35/16-28

State Permit No. _____

(1) OWNER:

STATE ENGINEER
SALEM OREGON

Name RONALD BEBOIS
Address P.O. BOX 516 EAGLE POINT, ORE.

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☒ Driven ☐
Cable ☐ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(5) CASING INSTALLED:

Threaded ☐ Welded ☒
6" Diam. from 0 ft. to 21 ft. Gage 250
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

(6) PERFORATIONS:

Perforated? ☐ Yes ☒ No.

Type of perforator used

Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WATER LEVEL: Completed well.

Static level 45 ft. below land surface Date 8-27-68
Artesian pressure _____ lbs. per square inch Date _____

(9) WELL TESTS:

Drawdown is amount water level is
lowered below static level

Was a pump test made? ☐ Yes ☒ No If yes, by whom?

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
" " " " " "

AIR RETURN FROM BOTTOM " "

Bailer test 100 gal./min. with 89 ft. drawdown after 1 hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? ☐ Yes ☒ No

(10) CONSTRUCTION:

Well seal—Material used BENTONITE
Depth of seal 21 ft.

Diameter of well bore to bottom of seal 9 5/8 in.

Were any loose strata cemented off? ☐ Yes ☒ No Depth _____

Was a drive shoe used? ☐ Yes ☒ No

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? _____ depth of strata _____

Method of sealing strata off _____

Was well gravel packed? ☐ Yes ☒ No Size of gravel: _____

Gravel placed from _____ ft. to _____ ft.

(11) LOCATION OF WELL:

County JACKSON Driller's well number _____
1/4 1/4 Section 28 T. 35S R. 1W. W.M.

Bearing and distance from section or subdivision corner

APPROX. 5/8 MILE WEST OF STATE HIGHWAY 62
APPROX. 1 MILE SOUTH OF MOUNTAIN VIEW DRIVE

(12) WELL LOG:

Diameter of well below casing 6

Depth drilled 134 ft. Depth of completed well 134 ft.

Formation: Describe color, texture, grain size and structure of materials;
and show thickness and nature of each stratum and aquifer penetrated,
with at least one entry for each change of formation. Report each change
in position of Static Water Level as drilling proceeds. Note drilling rates.

MATERIAL	From	To	SWL
SOIL, BLACK	0	6	
CLAY, YELLOW	6	13	
CLAYSTONE, BROWN & BLUE	13	33	
MIXED, VERY HARD			
CLAYSTONE, BROWN	33	37	
CLAYSTONE, BLUE	37	40	
CLAYSTONE, REDDISH BROWN	40	45	
CLAYSTONE, BLUE	45	87	
CLAYSTONE, PINK	87	93	
CLAYSTONE, BLUE	93	95	
CLAYSTONE, PINK	95	97	
CLAYSTONE, BLUE	97	108	
CLAYSTONE, BLUE, HARD	108	134	45

Work started 8-27 1968 Completed 8-27 1968

Date well drilling machine moved off of well 8-27 1968

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] J.W. Martinson Date 8-27, 1968
(Drilling Machine Operator)

Drilling Machine Operator's License No. 21

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME MARTINSON WELL DRILLING
(Person, firm or corporation) (Type or print)

Address RT. 1 BOX 602 EAGLE POINT, ORE.

[Signed] J.W. Martinson
(Water Well Contractor)

Contractor's License No. 406 Date 8-27, 1968

(USE ADDITIONAL SHEETS IF NECESSARY)



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

RECEIVED

APR 05 2013

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

I. OWNER INFORMATION

WATER RESOURCES DEPT
SALEM, OREGON

Current Owner Name (please print): Richard Harrington

Mailing Address: PO Box 192

City: Butte Falls

State: OR

Zip: 97522

Mailing Address (to send Well I.D.): _____

City: _____

State: _____

Zip: _____

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: _____ (North/South) Range: _____ (East/West) Section: _____

Tax Lot: _____ County: _____ 1/4 _____ 1/4

Street Address of Well: _____ City: _____

Owner at time the well was constructed, (if known): _____

If the property had a different street address in the past: see attached well reports

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): _____

Date Well Constructed: _____ Total Well Depth: _____ Casing Diameter: _____

Other Information: _____

SUBMITTED BY (please print): Shavon Haynes-Assistant Watermaster Southwest Region

PHONE: (541) 774-6883

FAX: (541) 774-6187

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

4-5-13

Well Log Number:

JACK 34376

Well Identification #:

L-94583

JACK 2932 (orig)