

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

APR 16 1990
JACK 30005
WATER RESOURCES DEPT.
TALENT, OREGON

30005 39S/4W/7
JACK 30005
(START CARD) # 17584

(1) OWNER: Well Number: _____
Name BOB ANGELINI
Address 6000 THOMPSON CR RD
City APPLEGATE State OR Zip 97530

(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 143 ft.
Explosives used Yes ☐ No ☒ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	38	CEMENT	0	37	9 SACKS
6	38	143				30# BENT

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:	10	+2	38	250	☒	☐	☒	☐
Liner:	4	-5	143	216	☐	☒	☒	☐

Final location of shoe(s) 38 FT

(7) PERFORATIONS/SCREENS:

☒ Perforations Method SAW
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
64	143	4-6"	156	1/8		☐	☒

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
48		143	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 39S N or S, Range 4W E or W, WM.
Section 7 1/4 _____ 1/4 _____
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address)
6000 THOMPSON CR RD

(10) STATIC WATER LEVEL:

19 ft. below land surface. Date 4-11-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 56

From	To	Estimated Flow Rate	SWL
56	56	1	
79	79	7	
87	87	5	
98	98	27	

(12) WELL LOG: 114-123

Ground elevation 8

Material	From	To	SWL
SOIL BROWN	0	1	
BASALT GREY BROKEN	1		
WITH BROWN CLAY		13	
CLAY BROWN WITH SMALL	13		
ANGULAR PEBBLES		17	
BASALT GREEN BROKEN	17		
WITH BROWN SILT		32	
BASALT GREEN WEATHERED	32		
SILTY CREVICE AT 56		66	
BASALT GREEN	66		
CREVICE AT 79			
WEATHERED AT 87			
CREVICE AT 98		114	
BASALT BLACK BROKEN	114	143	

Date started 4-9-90 Completed 4-11-90

(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.

WWC Number _____

Signed _____ 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.

WWC Number 796

Signed Pioneer Drilling Date 4-11-90



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

JUL 1 2022

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

I. OWNER INFORMATION

OWRD

Current Owner Name (please print): G. Robert and Diana G. Angelini

Mailing Address: 6000 Thompson Creek Road

City, State, Zip: Applegate, 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 South (North / South) Range: 4 West (East / West) Section: 7 NW 1/4 of the SW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 900 County Jackson

GPS Coordinates: Lat 42d 11' 27.7" Long 123d 13' 39.2"

Street Address of Well, City: 6000 Thompson Creek Road, Applegate, OR 97530

If the property had a different street address in the past: none

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, proposed emergency drought irr.

Date Well Constructed (or property built): 4/11/1990 Total Well Depth: 143' Casing Diameter: 6"

Owner at time the well was constructed (if known): Angelini Well Report # (if known): Jack 30005

Other Information: _____

SUBMITTED BY (please print): Harold L. Center, PLS, CWRE

PHONE: 541-535-6108 EMAIL &/or FAX: center1071@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:

7-1-22

Well Report Number:

JACK 30005

Well Identification #:

L-146938