## STATE OF OREGON WATER WELL REPORT

WATER WELL REPORT (as required by ORS 537.765)  CCT 28 1987	1/200		
1) OWNER: Well Number:	[ (9)]. HOCATION OF WELL by legal des	scription:	
Name Horseshoe Creek Ranch	SUERT County Joseph Latitude	Longitude	, ,,
Name Horseshoe Creek Ranch Address 16955 Water Gap Rd WATER RESOURCE State OR State	ON County Joseph LatitudeI	E or W,	WM.
City Williams State OR Zip 97544	ON	1/	
WITHAMS OR . 7777.	Tax Lot 700 Lot Block	- 74	
2) TYPE OF WORK:	Tax Lot / U Lot Block	Subdivision	an Ro
New Well Deepen Recondition Abandon	Street Address of Well (or nearest address) 16495	water c	ian no
3) DRILL METHOD	permit #1673		
Rotary Air Rotary Mud Cable	(10) STATIC WATER LEVEL:		
	ft. below land surface.	Date	10/16/
Other			
(4) PROPOSED USE:	Artesian pressure lb. per square inch.	Date	
Domestic Community Industrial Irrigation	(11) WATER BEARING ZONES:		
hermal Injection Other	70		
TOTAL TOTAL CONCERNICATION.	Depth at which water was first found		
Special Construction approval Yes No Depth of Completed Well 260 ft.	11011	ated Flow Rate	SWL
Von No   XX	<b>X9</b> 70 260		15
Explosives used  Type Amount			
HOLE SEAL Amount			
Dameter From To Material From To sacks or pounds			
10" 0 40 cemt 0 40 26 sacks	(10) WEIT LOC.		
6" 40 260	(12) WELL LOG: Ground elevation		
	Material	From To	SWL
	brown clay	0 11	
How was seal placed: Method	brown clay & cobbles	11 25	15
	Drown Cray & coppres	25 160	
Other	black & white granite	2) 100	1 -
Backfill placed fromft. toft. Material	rock black & wht & green fractured	160 260	15
Gravel placed fromft. toft. Size of gravel	Tractured	100 200	<del>  -</del>
(6) CASING/LINER:		<del> </del>	1
Diameter From To Gauge Steel Plastic Welded Threaded			
Casing: 6" +1 178 0.25 🗷 🗆 🗆			1
Liner:			
Final location of shoe(s)			
(7) PERFORATIONS/SCREENS:		<del>                                     </del>	
X Perforations Method torch			
Screens Type Material		<del>                                     </del>	
Slot Tele/pipe		<del> </del>	+
From To size Number Diameter size Casing Liner		<del>                                     </del>	<del> </del>
81 84 6 9 4 5		<del></del>	
94 99 6 12 7		<del>                                     </del>	-
121 124 6 9 1		<u> </u>	
133 139 6 12 <del>1</del> E □		1 2 1 2 1 2 1	لـــــــــــــــــــــــــــــــــــــ
161 163 6 6 <del>1</del> N	Date started 10/16/87 Completed _	10/20/87	
172 178 6 15 ± \	/ I I W W / W II Complete Contificati	ione	
(8) WELL TESTS: Minimum testing time is 1 hour	(unbonded) Water Well Constructor Certificat I certify that the work I performed on the co	onstruction, elt.	eration, or
Flowing	abandonment of this well is in compliance with	Oregon well co	nstruction
Pump Bailer X Air Artesian	standards. Materials used and information reported	above are true	to my best
Yield gal/min Drawdown Drill stem at Time	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
71011 3111111111111111111111111111111111	() 0 11 H	WWC Number 2	200
70 259 x 1 hr.	Signed James Sublette I	Date 10-03	-8/
	Market Water Wall Construction Continue		
	(boxded) Water Well Constructor Certification I accept responsibility for the construction, a	 lteration, or abs	ndonment
Temperature of water Depth Artesian Flow Found	work performed on this well during the construction	n dates reported	l above. all
Was a water analysis done? Yes By whom	work performed during this time is in comp	liance with Or	egon well
Did any strata contain water not suitable for intended use?   Too little	construction standards. This report is true to the	hest of my knov	vledge and
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other	helief Coleman's Well Drill,		643
•	Signed Pres.	Date	23-€
Depth of strata:			

Depth of strata: \_



O(R(E(G(O(N)))) 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**

Do not complete	if the	well already	has a Well	<b>Identification</b>	Number.
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**RECEIVED** 

• • • • • • • • • • • • • • • • • • •	MAY 16 2022
I. OWNER INFORMATION	
Current Owner Name (please print): Joseph Ginet	OWRD
Mailing Address: 16955 Water Gap Road	
City, State, Zip: Williams Oregon 97544	
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: 38 (North / South) Range: 5W (East / West) Section: 22 NW 1/  Tax Lot (usually last 3-5 numbers of Tax Map #): 715 County Josephine  GPS Coordinates: 42.248559 - 123.274854  Street Address of Well, City: 16485 WATER GAP ROAD  If the property had a different street address in the past:  III. GENERAL WELL INFORMATION (Please fill out as completely os possible, AND attach copy of Well Report Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation	
Date Well Constructed (or property built): 10/23/87 Total Well Depth: 260' Casing	Diameter: 6"
Owner at time the well was constructed (if known): Horseshoe Ck Ranch Well Report # (if known)	Jose 12821
Other Information: WR firmit # G 169°	
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 Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.	A, Salem, Oregon 97301.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

Well Report Number:

**JOSE 12821** 

Well Identification #: