

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

**JOSE**  
**JOSE 16140**

39s/5w/36b  
43850

(START CARD) # 43850

(1) OWNER: Well Number \_\_\_\_\_  
Name Francis Brea / 944 Irish  
Address 360-A SE 1/4 "H" St  
City Marion Park State OR Zip 97526

(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 158 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	25	cemt	0	25	16 SACKS
6"	25	158				

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: 6"	+1	115	0.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 5"	98	158	0.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:  
 Perforations Method touch  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
138	157	6	24	1/4		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 30 Drawdown \_\_\_\_\_ Drill stem at 157 Time 1 hr.

Temperature of Water 53° 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 Joseph Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 39 or S. Range 5 or W. WM. \_\_\_\_\_  
Section 3 NW 1/4 NW 1/4  
Tax Lot 614 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 531 Cedar St Lot Rd  
Rm # 6497

(10) STATIC WATER LEVEL:  
18 ft. below land surface. Date 9/15/92  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 100

From	To	Estimated Flow Rate	SWL
100	158		18

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

Material	From	To	SWL
Boulders, brown clay	0	20	18
Boulders, gravel, gray clay, granite	20	158	18

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SEP 30 1992 WATER RESOURCES DEPT.  
SALEM, OREGON

WM. DIST. 14  
GRANTS PASS, ORE

Date started 9/15/92 Completed 9/16/92  
(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 James Sublette WWC Number 1324 Date 9/16/92

(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 D. Keith Colman WWC Number 643 Date 9/16/92



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

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JUL 26 2021

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

OWRD

I. OWNER INFORMATION

Current Owner Name (please print): Kathleen & Jeff Irish
Mailing Address: 531 Cedar Flat Rd
City, State, Zip: Williams OR 97544
Mail Well ID to: [X] 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: 5 W (East / West) Section: 3 NE 1/4 of the NW 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 614 County Josephine
GPS Coordinates:
Street Address of Well, City: 531 Cedar Flat Rd
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): Domestic
Date Well Constructed (or property built): 9-15-92 Total Well Depth: 158' Casing Diameter: 6"
Owner at time the well was constructed (if known): Jeff Irish Well Report # (if known): JOSE 16140
Other Information:

SUBMITTED BY (please print): Jeff Irish
PHONE: 541-218-1163 EMAIL &/or FAX: jirishiam@gmail.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301, fax to (503) 986-0902, or you are welcome to email the completed form to Ladeena.K.Ashley@oregon.gov.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

7-26-21

Well Report Number:

JOSE 16140

Well Identification #:

L-143833