

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

*JOSE*  
*16793*

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**RECEIVED**

*40s/6w/5dc*

NOV 12 1993

(START CARD) # 58162

(1) **OWNER:** Well Number \_\_\_\_\_  
 Name Siskiyou National Forest  
 Address P.O. Box 440  
 City Grants Pass State OR Zip 97526-0242

(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 Camp Host Site

(5) **BORE HOLE CONSTRUCTION:**  
 Special Construction approval  Yes  No Depth of Completed Well 85 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	42	Cement	0	42	41 sacks
6	42	85				

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	42	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2	5	85	188	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 42 ft.

(7) **PERFORATIONS/SCREENS:**

Perforations Method saw cut  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
45	85	1/8x5/8	48	4 1/2		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) **WELL TESTS:** Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
5 1/2		80	1 hr.

Temperature of Water 52° 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: \_\_\_\_\_

WATER RESOURCES DEPT. SALEM, OR.  
 (9) **LOCATION OF WELL by legal description:**  
 County Josephine Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 40 N or (S.) Range 6 E or (W.) WM.  
 Section 5 SW 1/4 SE 1/4  
 Tax Lot 100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Cave Creek  
Campground Siskiyou National Forest

(10) **STATIC WATER LEVEL:**  
 \_\_\_\_\_ ft. below land surface. Date 10/7/93  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) **WATER BEARING ZONES:**  
 Depth at which water was first found 59 ft.

From	To	Estimated Flow Rate	SWL
59	61	5 1/2	17

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

Material	From	To	SWL
Alluvium boulders sand & gravel & clay	0	21	
Decomposed granite	21	36	
Granite rock broken	36	85	17

Date started 10/5/93 Completed 10/7/93

(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 \_\_\_\_\_ WWC Number \_\_\_\_\_  
 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.  
 Signed *[Signature]* WWC Number 1284  
 Date 11/8/93



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

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OWRD

Application for
Well ID Number

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

I. OWNER INFORMATION

Current Owner Name (please print): Oregon Caves National Monument and Preserve
Mailing Address: 19000 Caves Highway
City, State, Zip: Cave Junction, OR 97523
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: 40 (North / South) Range: 6 (East / West) Section: 5 SE 1/4 of the SE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 100 County Josephine
GPS Coordinates: 42 06.795 N -123 25.766 W
Street Address of Well, City: Cave Creek Campground - Caves Highway Cave Junction, OR 97523
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): Campground
Date Well Constructed (or property built): 1993 Total Well Depth: 85' Casing Diameter: 6"
Owner at time the well was constructed (if known): USFS Well Report # (if known):
Other Information: NPS took over Campground in Dec 2014. (est. Oregon Caves NM & Preserve)
SUBMITTED BY (please print): Chief of Maintenance (Kate Blair) Acting
PHONE: 541 592 2100 x2229 EMAIL &/or FAX: kate-blair@nps.gov

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

8-28-19

Well Report Number:

JOSE 16793

Well Identification #:

L-135142