

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

RECEIVED

APR 22 1994

(START CARD) # 58704

(1) OWNER:

Name Randy Pitts Well Number _____
Address P.O. Box 1804
City Cave Junction State OR Zip 97523

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0 18	Bentonite	0 18	10 sacks	
6"	18 70				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other poured

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	51	250	☒	☐	☒	☐
Liner:	4"	40	60	160	☐	☒	☒	☐

Final location of shoe(s) 51'

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Swiss
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	60	1/8	40	6"	4"	☐	☒

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
11		40	1 hr.

Temperature of Water 50° 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 Josephine Latitude _____ Longitude _____
Township 40 N or S Range 9 E or W WM.
Section 36 1/4 1/4
Tax Lot 506 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) _____

52343 Redwood Hwy, O'Brien

(10) STATIC WATER LEVEL:

40 ft. below land surface. Date 3/25/94

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 46

From	To	Estimated Flow Rate	SWL
46	70	11	40

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Clay + gravels	0	70	40

Date started 3/25/94 Completed 3/25/94

(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 Dennis J. Decker WWC Number 1535
Date 4/20/94

(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 William E. Decker WWC Number 1379
Date 4/20/94



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

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

I. OWNER INFORMATION

Current Owner Name (please print): Joseph Allen Cappuccio
Mailing Address: 35255 Redwood Hwy
City, State, Zip: O'Brien, OR 97534
Mail Well ID Tag 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: 40 S (North / South) Range: 9 W (East / West) Section: 36 NW 1/4 of the NW 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 506 County Josephine
GPS Coordinates: 42.0507032 -123.715239
Street Address of Well, City: 35255 Redwood Hwy O'Brien, OR 97534
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 Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Domestic
Date Well Constructed (or property built): 3-25-94 Total Well Depth: 60' Casing Diameter: 6"
Owner at time the well was constructed (if known): Pitts Well Log # (if known): JOSE 16961
Other Information: well in small building NE of house

SUBMITTED BY (please print): Tanqia Green realtor
PHONE: 541-531-4691 EMAIL &/or FAX: _____

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:

7-25-2025

Well Log Number:

JOSE 16961

Well Identification #:

L-158445

Received

Last Update: 2/2/16

Well ID Number/2

JUL 25 2025

WCC

OWRD

Received Time Dec. 20. 2021 1:12PM No. 8104

WSP staff located well report.