

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

JOSE  
17785

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JOSE 17785  
JUL 26 1995

(START CARD) # 74438

Instructions for completing this report are on the last page of this form.

14

(1) OWNER: Well Number \_\_\_\_\_  
Name MR. F. J. KACH  
Address 33224 Redwood Hwy  
City O'Brien State ORE Zip \_\_\_\_\_

(2) TYPE OF WORK  
 New Well  Deepening  Alteration (repair/recondition)  Abandonment

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other \_\_\_\_\_

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 41 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18	Bentonite	0	18	15 Sacks
6"	18	50				

How was seal placed: Method  A  B  C  D  E  
 Other POUR  
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	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	41	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 19

(7) PERFORATIONS/SCREENS:

Perforations Method STIRL SAW  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
21	41	1/8"	40	6"	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	Drawdown	Drill stem at	Time
60'		20'	1 hr.

Temperature of water 49° 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 25-10 1/4 1/4  
Tax Lot 1601 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 33224 Redwood Hwy

(10) STATIC WATER LEVEL:  
17' ft. below land surface. Date 7-13-95  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 40'

From	To	Estimated Flow Rate	SWL
40'	45'	60 Gpm	17

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

Material	From	To	SWL
Boulders & Clay	0	12	
Black Shale	12	50	17

Date started 7-13-95 Completed 7-13-95

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.  
WWC Number 1535  
Signed Dennis J. Decker Date 7-20-95



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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JAN 10 2023

OWRD

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

### I. OWNER INFORMATION

Current Owner Name (please print): Adam McGrew

Mailing Address: 1400 Larkspur Ave

City, State, Zip: Medford, OR 97504

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: 40 S (North / South) Range: 9 W (East / West) Section: 25 NW 1/4 of the NE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 1601 County Josephine

GPS Coordinates: 42.064470669439984, -123.70579653086354

Street Address of Well, City: 33224 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 Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Commercial (RV Park) / Residential

Date Well Constructed (or property built): 7-13-95 Total Well Depth: 41' Casing Diameter: 6"

Owner at time the well was constructed (if known): Mr F Tkach Well Report # (if known): JOSE 17785

Other Information: \_\_\_\_\_

SUBMITTED BY (please print): Adam McGrew

PHONE: 541-821-4959

EMAIL &/or FAX: Livingitup5104@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:

1-10-23

Well Report Number:

JOSE 17785

Well Identification #:

L-150705