

(START CARD) # W-83164

Well Number

Name Ralph E. Davis
Address 10427 SW North Dakota #3
City Tigard State OR Zip 97223

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	18	Hole plug	0	18	450 LBS
6	18	140				

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	140	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method torch cut
☐ Screens Type 250 Material steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
130	140	1/8	24	6		☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump	☒ Bailer	☐ Air	☐ Flowing ☐ Artesian
Yield gal/min	Drawdown	Drill stem at	Time
40	15'		2 Hr. 1 Hr.

Temperature of water 43 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 sandy
Depth of strata: 105-125

(9) LOCATION OF WELL by legal description:

County Klamath Latitude _____ Longitude _____
Township 23-S N or S Range 10-E E or W. WM.
Section 36 ~~NE 5~~ 1/4 ~~NE~~ SE 1/4
Tax Lot 142214 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Sunforest 2st

(10) STATIC WATER LEVEL:

105 ft. below land surface. Date 4-19-96
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 105

From	To	Estimated Flow Rate	SWL
105	140	20 r	105

(12) WELL LOG:

Ground Elevation _____

[illegible]

Date started 4-16-56 Completed 4-19-56

(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 1559

Signed [Signature] Date 4-28-9



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

RECEIVED

OCT 14 2022

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

OWRD

I. OWNER INFORMATION

Current Owner Name (please print): Melody Eichel
Mailing Address: 12749 Alderwood Dr
City, State, Zip: La Pine, OR 97739
Mail Well ID to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)
Name & Address: Nechele Bradshaw 17322 Canvasback Dr
City, State, Zip: Bend, OR 97707

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 23 S (North / South) Range: 10 E (East / West) Section: 36 NE 1/4 of the SE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 142214 9700 County Klamath
(acc#)
GPS Coordinates: _____
Street Address of Well, City: 12749 Alderwood Dr La Pine, OR 97739
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): 1996 Total Well Depth: 140' Casing Diameter: 6"
Owner at time the well was constructed (if known): Ralph E Davis Well Report # (if known): KLAM 50218
Other Information: _____

SUBMITTED BY (please print): Nechele Bradshaw, Realtor
PHONE: 503-804-3973 EMAIL &/or FAX: nechele@tbnrealty.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:

10-14-22

Well Report Number:

KLAM 50218

Well Identification #:

L-149805